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ORIGINAL ARTICLES.

OOPHORECTOMY IN DISEASES OF THE NERVOUS SYSTEM.

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I have read with much interest Dr. Allen McLane Hamilton's article on "The Abuse of Oophorectomy in Diseases of the Nervous System." He says: "In speaking, as I am about to, it is with a full appreciation of its value, which I believe is exceedingly limited, except where well-marked and previously recognized structural disease of the organs is determined."

I cordially agree with Dr. Hamilton that, in every case, the disease should be "well marked," and, I would still further emphasize the idea by adding that it should also be, as far as we can judge, *incurable, and manifestly doing positive injury to the system.*"

Previously recognized structural disease of the organs may be determined," and yet this not be sufficient to demand or warrant the removal of the ovaries; for structural changes may be considerable, and yet produced only by a slight inflammation and would not, therefore, justify extirpation. Even more profound changes of structure, resulting from more serious conditions will not, in all cases, render it necessary.

Dr. Hamilton says further of this operation: "Its value is exceedingly limited." I believe it is absolutely "limited," and should never take place for purely nervous conditions, but for absolute and incurable disease of the named organs, and maintain that, in no instance, for any

nervous disease, should healthy ovaries be removed.

In 1882, Sir Spencer Wells said: "Its introduction in mental and neurotic cases is only to be thought of after long trials of other tentative measures, and the deliberate sanction of experienced practitioners." In an article of mine published in the *Am. Jour. of Obstet.*, Feb., 1888, referring to the above, and quoting the following expressions from Sir Spencer Wells: "Removal of ovaries while in a state of functional activity," "Oophorectomy, or removal of normal ovaries," I said: "I shudder at the thought of removing *healthy* ovaries, or even when the disease is problematical; I would not remove healthy or normal ovaries for dysmenorrhœa or any suffering in the regions of the ovaries; I would not remove them for epilepsy, nor for mental or neurotic disease, even if I had failed after long trials of tentative measures, and had the cordial, full and deliberate sanction of experienced practitioners, *unless* I believed the *appendages* themselves were diseased."

In an article, in the *N. Y. Med. Jour.*, May 10-17, 1890, again referring to the above, and quoting the following from Dr. T. A. Emmet: "From the beginning, I have been uncompromising in my opposition to the removal of the ovaries for dysmenorrhœa and other nervous disorders, due to perverted or impaired nu-

2 *Am. Jour. Med. Science*, 1886, Vol. II., p. 463.

3 *Med. Record*, Dec. 28, 1889, p. 711

trition, and where the fault lies in the centres," I then add: "Thus it will be seen that the position which I assumed from the first, and published nearly two years before, is more conservative than Dr. Emmet's position. I make the 'uncompromising' sweep of excluding all cases from this operation, except where there is hopeless disease of the organs themselves; that is, I denounce the removal of the uterine appendages for any cause, neurotic condition, constitutional disturbance, or for any reason except for incurable disease. When thus diseased they are a continual injury to the system, and their removal is a lasting benefit. To remove healthy organs for any 'grave' condition of the general system should not be thought of, and cannot, under any circumstances, eventuate in any good; for the normal action and physiological function of healthy organs will always increase the life force, and assist in restoring the system, in whatever way diseased, to a state of health."

I have never conceived of any circumstances that would demand the removal of normal ovaries. I regard it as a most serious procedure to remove human ovaries, and it should not be done without sufficient reason any more than amputating a hand, arm, or leg. A woman is to be inconceivably pitied, who, from any cause, has to lose the organs, and yet, to many, it has been a blessing; it has been their salvation and the means of adding years to their lives. A man is to be inconceivably pitied who has tuberculous lungs or fatal nephritis, and would consider himself inconceivably happy if he thought it possible for him to live after the removal of the fatally diseased lungs or kidney, and especially if thereby his life could, for many years, be prolonged.

Another reason why the removal of the ovaries should, as much as possible, be avoided, and women urged to seek early to be cured of any ovarian trouble, is that continuous disease of the organs, not only interferes with health, but may render the person absolutely sterile. In my article on "Sterility in Woman," I gave a number of instances where special treatment had removed an incipient ovarian and tubal disease and with the best results. This, I believe, is really what was done in

most of the cases, mentioned in the article as being treated for sterility; but I would especially refer to the two in the 5th paragraph, page 319. Perhaps few have had larger opportunities than I to read the innate longings of every true woman for children. I have heard the moan from the depths of the human heart. For more than twenty years my practice in the disease of woman has been largely to remove the causes of sterility and, as I said in the above mentioned paper, "Planted deep in every true woman's heart is the love for children, and nothing is more beautiful than a large family of children; no greater happiness can come to a woman."

Dr. Hamilton further remarks in his article: "So far as as I know, oöphorectomy has never cured a case of well-established or even incipient organic disease, or has proved to be the least use except in functional disturbances that could have been cured, or at least helped by agencies of a far less dangerous nature." In this assertion I believe Dr. Hamilton would find many eminent surgeons and gynecologists who disagree with him. Battey says: "My cases of epilepsy have given me the most satisfactory results. The cures have been prompt and complete." He reports, in 1886, 13 cases of epilepsy cured by the operation. On another occasion he said nine out of ten of his cases of ovaro-epilepsy have been completely cured of their epileptic form of seizures.

Prof. A. Vanderveer⁵, of Albany, gives several cases. One, 24 years old, had eleptiform seizures at 14. He operated for the removal of the uterine appendages, May, 27, 1886, and "four years after the operation she had yet no return of the convulsions." Prof. W. T. Howard says of a patient: "She would lie in a state of coma, writhing in pain for ten days together; she had taken her weight in bromides and chloral until they had no effect whatever." He removed the ovaries and tubes and said: "She recovered and was like a new being." Olshausen reports a severe case of hystero-epilepsy—"the troubles," he says, "were removed after castration."

Dr. Earnest Böhnig⁶, reports a patient,

⁵ *Tr. Med. Society, N. Y.*, 1882, p. 182.

⁶ *Cor. B. Bl., Schweizer Arts Bas.*, 1886. XVI., p. 622.

⁴ Sterility in Woman—Causes, Treatment and Illustrative Cases. *Med. Rec.*, N. Y., Sept. 19, 1891.

25 years old. The epileptic fits were so severe that it required three persons to hold her, convulsions sometimes lasting three hours, and occurring many times a day. The left ovary was enlarged, inflamed and sensitive to the slightest touch. Dr. Böhni removed this and asserts that, from the day of operation, the patient had no spells. Dr. Reamy⁷ reported a case of a young woman who had suffered from constant headache and epileptic attacks. She had been treated by various physicians without obtaining any relief. After the removal of the ovaries the headache ceased, the epileptic attacks did not re-appear, and the anxious vacant stare of the countenance entirely disappeared. Dr. A. Maurer, in Coblenz, reports the case of a young girl, whose menstruation appeared at seventeen, was irregular, accompanied by increasing pain in the abdomen, back and lower extremities; the general health became affected, the ovaries were sensitive to the touch. After a while the severe periodical pains became epileptic in character, patient at times unconscious, extremities rigid, body opisthotomous. To make the diagnosis more certain he had the patient chloroformed; the ovaries were found to be enlarged, and if either one was taken between the fingers, notwithstanding the deep narcosis, there were tetanic convulsions of the whole body. He concluded: "The cause of the sickness was the disease of the ovaries. He removed both organs, and reports a complete recovery of the patient."

I find a case reported by Jacob May, M. D.⁸ "The patient, 31 years old, taken in her third pregnancy with epileptic seizures; they continued increasing in severity, and became so violent as to require the united strength of several persons to prevent her from injuring herself. The doctor recognized that there was tenderness in the region of tubes and ovaries, and consulted with Prof. T. G. Gaillard Thomas, of New York, who, after a thorough examination of the case wrote: 'In my opinion, Mrs. A. suffers from hystero-epilepsy, due to ovarian and tubal disease. You have done all for her which medicine can effect, I unhesi-

tatingly recommend Tait's operation. The tubes and ovaries were removed. Sixteen months after the operation the patient wrote: 'I have had no fits and no symptoms of any. I am improving every day, and more able to do for my family than for years past.'" On May 21, 1888, Dr. May wrote: "Nearly four years have passed since this operation, and there is no return of epileptic seizures."

Dr. H. M. Boldt,⁹ gives some most instructive cases. One patient, age 24, both ovaries were prolapsed and very sensitive; pressure on either brought on a feeling as though the patient would have a convulsion. Years of medicinal treatment and continuous local treatment had been of no service. The ovaries were removed. Gradually the convulsions diminished in severity and frequency, and now more than a year has elapsed since the last attack. Another case: Patient æt. 28 years; right tube and ovary much enlarged, prolapsed, bound down by perimetrial adhesions and very sensitive, pressure on the ovary brought on hysterical convulsions. On February 12th, 1886, the right appendage was removed. After the operation the nervous symptoms disappeared, and since the patient has not had a convulsion.

Dr. Chas. Meigs,¹⁰ reported a case of Hystero-epilepsy. "Patient had always enjoyed good health till after the birth of her child, six years previously. She was in bed nine weeks after her confinement; and six months after, she commenced having epileptiform seizures at her menstrual periods. They gradually became so violent that the family were about to place her in an insane asylum, when, Oct. 3, 1881, the ovaries and tubes were removed. The patient made a speedy recovery, and has not had one seizure since the day of operation. Donnell Hughes,¹¹ reports three cases, all had disease of the uterine appendages, these were removed; each patient recovered, and each one was afterward free from epileptic convulsions. Dr. J. G. Brooks reports a successful case of "Castration for Hystero-epilepsy." Dr. W. J. Asdale,¹² and Dr. Taber John-

⁹ Removal of the Uterine appendages for Hystero-epilepsy, *Am. Gyn. Jour.*, June, 1892.

¹⁰ Phila. Obst. Soc., Jan. 6, 1887, *Am. Jour. Obst.*, Mar. 1887, p. 30.

¹¹ *Med. Progress*, Louisville, Ky., 1891, p. 490.

¹² *Pittsburg Med. Review*, Dec., 1886.

⁷ *Obst. Soc., of Cincinnati*, June 20, 1887, *Am. Jour. Obst.*, April, 1888, pp. 434-436.

⁸ *Vir. Med. Monthly*, Richmond, 1889, Vol. V., p. 121.

son," report similar cases with like results. Dr. T. Nelson, Prof. of Clinical Gynecology, Rush Medical College, Chicago." "Patient 25 years of age, married six years, no children. The epileptic fits were becoming more frequent, and were worse just before the menstrual period. The ovaries were tender, adherent and displaced." The operation was done on Nov. 20, 1886, with satisfactory results; and he said to his class: "If such a case presents itself to you, and the patient has been under skillful treatment for five or six years, as in this case, without any material benefit, it will become your duty to operate."

G. H. Balleray," Patterson, New Jersey, says: "A patient, aged 31, was brought to his office, Oct., 1881, to ascertain if anything could be done to cure her epilepsy. Convulsions began ten years previously, and had recurred regularly at each menstrual period, increasing in severity till the mental faculties had become impaired. The patient had been under the care of several physicians, all of whom administered the bromides in large doses. Both ovaries were found to be enlarged, and tender on pressure. I told the mother of the patient that her daughter could not be cured by drugs, but that the removal of the ovaries might result in a cure. In 1882, the convulsions had recurred with increasing violence at each menstrual period, and the patient was now suffering with acute mania, eyes red and glaring. She had been in convulsions all the previous night. The convulsions were followed by profound coma, out of this she passed into a manical condition. The patient, as well as the relatives, were very anxious for an operation. April 27, 1882, both ovaries and tubes were removed. Three months after the operation she had a slight convulsion. She then went fourteen weeks without having a convulsion, then she went four months without an attack; and when I last heard from her, five months had elapsed without a convulsive seizure." Prof. Lawson Tait," reports a case of Hystero-epilepsy. The wife of a physi-

cian, 33 years old, Aug., 1887, married eighteen years; first child born ten months afterwards. In 1874, she aborted on the third month followed by pelvic peritonitis on the right side, and she was unable to leave her bed for three months. One year after she aborted again, and on this occasion a similar inflammatory attack occurred on the left side. In the spring of 1885, she was attacked for the first time with a convulsion which lasted about a hour, and similar attacks were repeated for two months, twice in twenty-four hours, which were very violent, sometimes requiring five or six persons to hold her. She made frequent attempts at suicide. The husband wrote, Aug. 5th: "She was seized worse than ever, the convulsions lasting from three to four hours, followed by wild delirium. This continued for eight days. Ten days since she became worse, and the mania that followed was of a suicidal character. I am certain that nothing will be of service except removal of the uterine appendages, as those in the right side have been diseased for eleven years." Prof. Porro was to remove the appendages on Aug. 17th; he commenced his operation at 11 o'clock, and finished by abandoning it at 12.15. He says both tubes and ovaries were so densely adherent, that it was impossible to separate them from the mass of organized tissue in which they were imbedded.

Aug. 30th, all the symptoms, including the violent convulsions, had returned with, if possible, greater severity. Four violent convulsions occurred in thirty hours, and she became insane. Mr. Lawson Tait performed the operation on the 23rd; removed the appendages from both sides; operation lasted nine minutes and a quarter. The patient has had no trouble since; is bright, cheerful, and the expression of her face entirely changed."

The history of cases clearly shows, that many instances of epilepsy, of a remarkably serious character, have been caused by disease of one or more pelvic organs. Could anything be more natural, than that removing the cause, they would eventuate in cure? When we consider the large supply of nerves to the ovaries, and their multiplied connection with all

13 *Vir. Med. Monthly*, Richmond, Jan., 1889, p. 261.

14 *Med. News*, May 3, 1890, Oophorectomy for hystero-epilepsy.

15 *Tr. of Med. Soc.*, New Jersey, Newark, 1886, pp. 77-79.

16 *Lancet*, London, 1887, p. 1213.

17 Dr. Chas. N. Dixon Jones, of New York, was, at that time, Mr. Lawson Tait's first assistant, and was present at this operation.

parts of the body, is it at all surprising that disease of these organs, especially in persons of a sensitive, impressible nervous system, should cause nervous disturbances, and possibly epilepsy? Is it any more improbable, than that epilepsy should be produced by slighter forms of irritation in other and distant parts of the body, as a tape worm in the alimentary canal, a tight prepuce; or, as J. Althaus¹⁸ cites, a case in which "revaccination, in a healthy youth of 19, caused attacks of true epilepsy." Prof. Henry Hartshorn has said that, "losing a meal will, in the epileptic, cause convulsions." We have innumerable instances given where lack of development or inefficiency of the generative organs has caused acene. Dr. Edebohl showed me a case in his ward at St. Francis' Hospital, where repeatedly, month after month, at each menstruation, there was a marked and circumscribed skin eruption on the right side of the face and neck. We are also assured, by well authenticated instances, that reflex irritation from diseased ovaries has caused changes in the bone, or osteo-malacia, and equally well attested proofs of cures of this disease by removal of the offending organs.

Felding says: "Osteo-malacia is a reflex tropho-neurosis of the bones dependent upon ovarian activity;" and Thorn,¹⁹ gives a case of a patient who had severe pains in the pelvic bones, with marked deformity, being unable to walk, and showing progressive emaciation and cedema. The diseased uterine annexæ were removed, after which the patient improved rapidly, the pains in the bones disappeared; she was soon able to walk, and a year after the operation, was perfectly well. Hoffmeier²⁰ reports the case of "a patient who suffered great pain in the bones, and increasing difficulty in walking, and finally was unable to do so without assistance." He performed "castration for osteo-malacia," after which the patient was well, had no further difficulty or pain in walking. F. Winckel, of Munich, and Prof. Schauta, of Prague, report similar cases with equally good results.

Ovulation is so important a function, that it is intended to take hold of the

whole system, to embrace the whole being, for it is to perpetuate the race, and to give the best characteristics, mental and physical, of the individual. When this function is performed by diseased organs, will not the whole system, in a measure sympathize, and may not the nervous system and the mental conditions also to the same extent be affected? I have seen a number of cases where disease of the ovaries, not only produced local pains, but evidently caused the mental disturbances. Thomas²¹ said: "Not a few women are always a little insane during the menstrual period." This can be said only of sick women, or those who have these organs diseased. Women with a healthy genital organization go through the function of menstruation as naturally, and normally, and painlessly, as the digestion of food, by a vigorous stomach.

In an article,²² published Feb., 1888, I gave a cut, from my microscopical researches in diseased ovaries, representing "a varicose enlargement of a non-medullated nerve fibre packed in dense fibrous connective tissue," and, as I then said: "This is the first time, at least to my knowledge, that nerve fibres could be traced in inflamed ovarian tissue with such clearness as this specimen exhibits. Nerve fibres of this kind, so placed, will cause pains aggravated at every menstrual period; or, if in connection with the vaso-motor system, may cause epileptic fits." Such imprisonment and pressure of nerve fibres must frequently take place in ovaries where there are gyroma, these hard, dense, firm fibrous formations. I have,²³ in some instances, counted as many as five of them in one section of the ovary. I believe that when we have made more thorough pathological research, most of the cases of severe local pain accompanied by various neuroses, will be found in patients who have gyroma. I said in in another article,²⁴ "Out of a number of cases of epilepsy or hystero-epilepsy, I have, in three instances, performed oöphorectomy, not, however, for the epilepsy, but because I considered that the

²¹ MED. AND SURG. REPORTER, Phila., Sept. 6, 1879, p. 206.

²² Am. Jour. Obst., Feb. 1888, p. 1154.

²³ Represented in N. Y. Med. Jour., May 10 and 17, 1890.

²⁴ Diagnosis and some of the Clinical Aspects of Gyroma and Endothelioma of the Ovary. Buffalo Med. and Sur. Jour., Nov., 1892.

¹⁸ Archives de Neurologie, quoted in Annals of Gynecology, Dec., 1891, p. 189.

¹⁹ Centralblatt für Gynäkologie, 1891, No. 41.

²⁰ Centralblatt f. Gynak. Leips. 1891, 15, p. 225.

ovaries or uterine appendages were past cure, and their removal would benefit the patient, and it is remarkable that in each of these three cases of epilepsy, the ovaries were found to contain large *gyromatous* formations." When I visited La Salpêtrière, in Paris, I repeatedly walked through those immense old wards, with their hundreds of sick women, and had an opportunity of studying a number of those cases in connection with their history, and I now query, whether *gyroma* in the ovaries of these sick women would not account for many of their bodily sufferings, and the abnormal functions of the brain and nervous system. Esquimol and Moul have estimated "that derangement of menstruation form the source of one-sixth of the cases of insanity due to physical causes."

In Nov., 1882, I was called to see a patient, 27 years of age, subject to most terrific hystero-epileptic spasms. She was confined to her bed most of the time, nervous, sleepless, restless, pale, feeble and emaciated; had been twice married and no children. She had just passed through her supposed menstrual period, and had suffered all the night previous with agonizing pains, accompanied by almost continuous spasm and repeated convulsions. The uterus was found in extreme retroversion, and bound firmly down by inflammatory adhesions; on each side the uterine appendages were wrapped in an inflammatory mass, size of an ordinary orange, extremely tender and adherent to surrounding structures.

These conditions were, without doubt, the cause of the ill health of the patient, and of her serious nervous symptoms. Soon after her first marriage, at the age of 18, she had an attack of supposed "inflammation of the bowels," but which no doubt was gonorrheal salpingitis. Her health continued to grow worse, and soon after she commenced having epileptic seizures. These convulsions occurred first at the menstrual periods, and she often had as many as ten or fifteen during the night. She had been attended by many physicians, who in turn gave her bromides, electricity and Charcot's method of pressure, etc. I treated her continuously for months, in hopes of reducing somewhat the soreness and inflammation, but could see no essential improvement. What was to be done with

these masses? Evidently the patient must die if she was not in some way relieved. Her multitude of doctors had all faithfully tried, and were powerless to help. These diseased masses could not be cured; they were of no service, and only a source of suffering—suffering so profound and incessant as to throw the whole body in violent convulsions and drive the poor woman to the verge of despair and insanity. What else but to remove them? If Tait and Battey had not told us of this means of help, I should then have discovered it. Indeed without knowing what they had done, the necessity of such an operation was forced upon my mind. I even mentioned it to the patient. This was in Dec., 1882. Eagerly she seized the idea at once and repeatedly urged that it should be done, and even grew angry that I delayed. Said, "She wanted the operation if she died under it." So fearful were her convulsions that her excellent husband once said: "He would rather she would never come out of ether than be as she had been."

I still hesitated and delayed. In April, I requested Prof. B. F. Dawson, of New York, to see the patient. After a thorough examination he gave it as his opinion that the operation should be done, as soon as she could be made ready, that it was her only hope, and if not done, she could look forward only to a short while of miserable existence, and probably end her life in the insane asylum.

The 14th of May was fixed for the operation. The principal part was performed by Dr. Dawson. Dr. F. W. Rockwell administered the ether. Dr. J. H. H. Burge and Dr. C. N. D. Jones assisted. Every precaution was taken as to perfect antisepsis. On May 15, 1883, Dr. Dawson presented the specimen to the N. Y. Obstetrical Society, mentioning that the "left Fallopian tube was distended to the size of an egg, and that he found the adhesion firmer than in any case on which he had operated, that it was with the greatest difficulty that he was able to remove the ovary, with its tube, and the right tube and ovary were borne down even more firmly than the left." These he did not succeed in removing. The patient succumbed to septicæmia on the 7th day. In my report

of this case to the Alumnae Association of the Woman's Medical College of Pennsylvania, subsequently published in the *Am. Jour. of Obst.*, I said,

"1st. This operation should have been performed on this patient five or more years before it was.

2nd. There was no other way to relieve her but by the operation

3rd. Without it she was in constant danger.

4th. The operation to her was not as much suffering, nor as much of a shock, or as great a trial as was a week of her usual suffering."²⁶

A few weeks after the publication of the above-mentioned case in the *Journal of Obstetrics*, I received a letter from Mr. Lawson Tait, Birmingham, Eng., dated November 23, 1884, in which occurs the following sentence: "I agree with your conclusions concerning it absolutely. That poor girl's life would have been saved had the operation been done months or perhaps years before. The whole gist of modern abdominal surgery lies in an earnest and continuous plea for early interference. There can be no doubt that the only regret about all such cases is that they are allowed to go on so long without operation."

Even if the epilepsy results from deep lesion of the nervous system, yet a disease of the uterine appendages will aggravate the conditions and be a source of increased suffering, and there is no reason why a person should not be relieved as much as possible. On May 30, 1888, a patient, M. G., was brought by her mother to see me at Throop Avenue Dispensary. She was an epileptic; the epilepsy following a severe attack of pelvic inflammation, the patient complained especially of the distress in the pelvis; said she suffered so much and so constantly that her life was no good. Examinations showed that she had had repeated attacks of peritonitis, one ovary was enlarged into a blood cyst, size of an orange; there was salpingitis of both tubes; and the appendages, on each side, were bound in by inflammatory adhesions. I informed the mother and daughter that these organs could not be

cured; that, in the present state, they were not only a cause of increased suffering, but attended by some danger. The mother and daughter were both anxious that an operation should be performed. They called again and, in a few days, the mother brought the daughter to the hospital, 725 Green Ave. It was deemed advisable to perform the operation as soon as possible; it took place on Dec. 13, 1888.

The tumor was found to be a blood cyst, bound firmly by pseudo-membranous adhesions to the walls of the pelvis; so also were the other ovary and the tubes, and all gave evidence of long existing disease. The patient made an excellent recovery and was able to be up in two weeks, free from pain, and every day seemed to grow stronger and better, and did not at the time have a return of the epilepsy. The mother called frequently at the hospital to see her daughter, always expressed herself more than pleased.

As this operation seemed to be of such essential benefit I passed the patient over to the department of general surgery for the depressed bone of the skull to be raised, as so many physicians whom she had consulted, had considered this the cause of the epilepsy. This operation was successfully performed Jan. 25, 1889, and from it the patient made an excellent recovery, but, after it, the attacks of epilepsy seemed to recur, but they again gradually commenced to diminish in number. Certainly the patient was cured of her pelvic trouble, and to that extent her general system was benefited.

Both the last-named patients had chronic salpingitis, and the ovaries of each, from microscopical investigation, were found to contain large gyromatous formations. Those in the first patient were in a state of intense inflammation.

When the ovaries are thus diseased their removal does good, but when the organs are normal the operation can result in no benefit to the individual. I am so convinced of this that when I find a case, where the removal has been an apparent failure, I at once conclude that the organs were not diseased. Schröder stated that he had operated 12 times for the removal of healthy ovaries for neurosis; three times with good results; one patient was well 8½, another 7, another 3 years after removal. He says emphatically of one, a case of severe hystero-epilepsy, "the

²⁶ The day before the operation I saw her in agonising pain, and when afterwards I saw the distended Fallopian tube and its thin walls, I marveled that it had not then burst and, probably, with fatal results.

young girl was entirely cured." In these three cases, that were apparently so benefited, I venture to say that the ovaries were pathological though the report might say, "they were normal," or "very little changed." We cannot always tell by ocular appearance whether an ovary is diseased or not. Some of the most seriously diseased ovaries I have ever examined and which were removed because the woman had untold suffering—in some instances the sufferings were so severe that their lives were almost compromised—yet, from external or naked eye, appearances of the organs there were no special indication of disease. One such ovary I found, by microscopical examination, to be infiltrated with cancer; another had endometrioma so far advanced that it gave the patient the appearance of a far-advanced stage of phthisis. She suffered such distress that she could not work, and the organs were so sensitive that the marital relations were unendurable. Though at the time of the operation the ovaries did not show such manifest appearance of disease; still I *knew there was as much necessity for their removal as if they had been tubes full of pus.* I presented microscopical slides of a number of ovaries, so affected to the New York Pathological Society. I gave a specimen of one to Prof. Prudden, then president of the society, and sent a microscopical slide of the same ovary to Waldeyer, of Berlin. Both of these eminent pathologists, from a microscopical examination, returned a written diagnosis of "carcinoma," showing that in the estimation of these two distinguished authorities, it was a most serious form of degeneration.

In many instances the most experienced cannot tell by naked-eye appearances whether an ovary, even when freshly removed, is diseased or not; yet on one occasion I saw a few physicians, not experts, attempt to diagnose the condition of ovaries that had soaked for four years, part of the time in chromic acid solution, and part of the time in alcohol; and decide whether the surgeon was justified in removing them! "O tempore! O mores!" Many of these specimens were cases of pyosalpinx, some of endometrioma and chronic oöphoritis; one, where the right ovary and tube formed part of the wall of an abscess that extended into the adjoining pelvic aponeurosis; another

where a pelvic abscess had most destroyed one of the Fallopian tubes; and another was the cirrhotic ovary of an old woman who had had removed an interligamentous tumor, 9 to 12 inches diameter. They might at least have recognized some disease from the remnants of adhesion.

Leaving this digression, I was insisting that it should be an established rule that ovaries should not be removed for abnormal mental conditions or any nervous disorder, unless there is a well recognized disease of the organs. It is not the abolition of the function that does good, nor because this function itself does harm, but it is, the ineffectual effort made to perform it by diseased organs. We have the report, that at the Samaritan Hospital, for Women and Children, Belfast, Ireland, "healthy ovaries and tubes were removed for masturbation and insanity, with no especially good results. This, of course, we might expect if the organs were normal. Dr. Wm. Lezynsky" reports a case of oophorectomy that took place at the City Lunatic Asylum, Feb. 23, 1880. "The patient had then been, for a period, extending beyond three months, in condition of catilepsy; receiving artificial alimentation, either by aid of stomach tube or enemata. On the 14th of February, at the suggestion of Dr. Allen McLane Hamilton, the inhalation of nitrous oxide was resorted to.

This patient had had no menstruation since her admission into the asylum, and the history of the case gave no indication of disease in the pelvis or of the pelvic organs; and there could be no reason for the removal of the ovaries, as according to the examination subsequently made by Prof. Wm. H. Welch, they were found normal. The patient died of septicæmia three days and twenty-two hours after the operation."

Prof. Allen McLane, in his article above quoted "further says: "I do not think this operation permissible in any case of insanity."

This is certainly true when said of healthy organs. No such operation should, under any circumstances, take place in case of insanity, unless the person has evident disease of the organs or tubes, and

27. *Tr. Acad. Med., Ire.*, Dublin, 1887, p. 288.

28. *N. Y. Med. Jour.*, June, 1887, p. 707-9

29. *N. Y. Med. Jour.*, Feb., 1893.

this disease is doing positive damage to the system. Under those circumstances, I do not see why a woman should not be relieved as much as possible of suffering, whether she be insane or not. Eminent surgeons and gynecologists tell us that many insane women, who have been operated on in this way, have been cured of their insanity. "Of so called ovarian maniacs," Prof. Wm. Goodell, of Philadelphia, has reported "five cases, with four cures by removal of the ovaries." On this occasion, he said: "After the lapse of many years, my cases of oophorectomy for insanity, for hystero-epilepsy, for hystero-mania showed positive and permanent benefit, adding: "Should I meet with a case of insanity limited to the catamenial periods, I should not hesitate to remove the ovaries." He says further: "What insane asylum does not hold incurable women, whose mental infirmities seem to depend upon the act of ovulation; or, at least, to be greatly exasperated by its recurrence. We have hitherto stood by with folded hands, dooming the sufferer to helpless invalidism, or to an untimely end. Fortunately, there is a remedy that promises much—one first proposed by Robert Beatty." Prof. T. G. Thomas says: "In one of his cases, the insanity was confined to the period of ovulation and, after the removal of the uterine appendages, the menstrual insanity was entirely relieved." Dr. Stanbury Sutton says of one of his cases: "After the removal of the diseased appendages, the patient's insanity soon disappeared, and she remained free from mental disease and nervousness." Dr. Noggerath "gives a case of "the disappearance of insanity immediately after the removal of an ovarian cyst." He emphasizes: "Immediately after the removal of the cyst, the patient had her reason restored."

Ed. Cotterell³⁰ tells of a patient, 37 years of age, who had long suffered from melancholia, and was always much worse during the catamenial periods. Immediately after the birth of her youngest and fifth child, she became quite insane, and more than once attempted to commit sui-

cide. Menstruation very scanty, and attended with a good deal of pain. March, 1887, he removed the uterine appendages, and now nearly three years have passed, she has had no return of her old symptoms. According to his statement, both ovaries and tubes were affected. He says, "I know by experience that genuine menstrual epilepsy cannot be cured by drugs, and therefore I should have no hesitation in recommending the removal of the ovaries and tubes in any case in which medication has had a fair trial, without producing any beneficial result."

In July, 1887, I was called at the request of a physician in Bridgeport, Ct., to see a young woman in Ansonia, who had a long time been under treatment. She was 27 years old, lying helpless in bed, a mental and physical wreck; married seven years, had no children, and was as incapable of being a wife as a mother. The uterus was found to be retroverted, dragged down by enlarged and diseased ovaries. She entered the Woman's Hospital of Brooklyn, July 12, 1887, brought to it in her husband's arms. She all the time had hallucinations, some of which could not be dispelled, often threatening to jump from the window, etc. The diseased ovary and enlarged tubes were extremely sensitive; and after some weeks' treatment, it was advised that they be removed. Dr. A. M. Jacobus was present and assisted at the operation. The patient gradually regained her mental and physical health, and when last heard from was well, and able to care for her household. A microscopical examination showed also that the patient had pyosalpinx, chronic oophoritis, and the ovaries contained gyromatous growths.

E. D. Bondurant,³¹ M. M., admitted to the Ala. Insane Hospital, Aug. 23, 1871; 31 years of age, mother of four children, youngest child born Dec., 1870. Seven months after, she menstruated and immediately thereafter developed symptoms of mental derangement; the periods of comparative sanity were shorter. The evident close relations existing between the functions of ovulation and the mental symptoms led to the opinion, held by Dr. Bryce, and concurred in by Dr. J. Marion

30. *Boston Med. & S. Jour.*, June 19, 1879, p. 845.

31. *Tr. of Med. Soc., of Penn.*, 1878-9, p. 598-600.

32. *Trans. Obst. Soc., Am. Jour. of Obst.*, June, 1869.

33. *The Removal of the Uterine Appendages for the Cure of Ovarian Insanity*.—*Lancet*, London, 1891, 14, p. 265.

34 Case reported in *The Pittsburgh Med. Rev.*, Oct. 1889.

35 Cases of oophorectomy for insanity. *Am. Jour. of Insanity*, Utica, N. Y., 1885-6, XLII, p. 342.

Sims and Dr. Robert Beatty, to whom a statement of her case was submitted. The history further states: "After the removal of the ovaries, the patient began slowly to improve, mental symptoms gradually subsiding, and is able to attend to her household duties." Lawson Tait³⁶ gives notes on oophorectomy in ten cases for menstrual epilepsy and mania. In the five there was a complete arrest of the epilepsy and the mania was slowly disappearing. In the second, there was great relief. He gives also the case of a girl, seven years of age, who had suffered all her menstrual life with severe menstrual epilepsy. Lately this had assumed the additional character of acute mania at the periods. The patient was an inmate of the Binghampton Borough Asylum. She was with the consent of the commissioners placed under the care of Mr. Lawson Tait. Her ovaries were removed. The effect of the operation was an immediate and most marked improvement in her physical health, an entire absence of the mania, and a diminution of the fits from fifteen a month to three, with marked amelioration of the severity.

Similar cases have lately been reported as occurring at the Insane Asylum, at Norristown, Pa. One patient, in whom the first attacks of mania followed the birth of her child, 29 years previously, probably some sepsis then introduced. The attacks were always preceded by periods of severe pain in the right or left ovary. The ovaries and tubes were removed July 2, 1892, and in a little more than four weeks the patient went home, completely restored in body and mind. Another, where "the internal trouble dated from an abortion produced five years previously; the ovaries and tubes removed the same date as above, and on the 17th of September, 1892, the patient went home well, physically and mentally." Other cases, equally interesting, are given, all showing that pelvic disease may in some, so disturb the nervous system as to cause insanity, and that removing the diseased organs will relieve the physical sufferings of the patients, and, in many instances, restore them to mental health. Is there any reason why they should not be helped? I plead, in the interests of humanity, for these poor overburdened women.

COMMUNICATIONS.

CHLOROFORM ANÆSTHESIA AND ITS ADMINISTRATION.*

P. GUNTERMAN, M. D.

Means to subdue pain in operation have been used since the earliest days of medicine and surgery. Dioscoridis, 50 A. D., used a decoction of mandragora; others used the different kinds of narcotics; others used spirituous liquors and made their patients drunk. In 1844 Dr. Horace Wells, of Hartford, Conn., pulled a tooth for a patient under the influence of nitrous oxide, long before discovered by Sir Humphrey Davy; in 1846, Dr. Morton, of Boston, did the same but used sulphuric ether as the anæsthetic; in the same year Dr. Warren, also of Boston, did the first surgical operation on a patient under the

influence of ether. Sir. Jas. Simpson, in 1847, was the first to use chloroform. His brilliant success in this first and thousands of other cases soon established chloroform as the almost universal anæsthetic. It was by preference, used the world over except in the Eastern States of U. S. A. To this anæsthetic agent, "chloroform," if you will bear with me, I will call your attention to to-night.

In years gone by, it was necessary for the anæsthetist to make the test for purity of the article he was to use. His chloroform must be pure, i. e., it must be colorless; it must leave no odor or stain after evaporation; it must not discolor on being shaken with sulphuric acid and water; must not give chloride precipitation

³⁶ *British Med. Jour.*, July 10, 1880.

* Read before Clinical Society, Louisville, April 4, 1893.

with nitrate of silver. To-day these tests are no longer necessary. All chemists can easily furnish the pure article and the only possible adulterant, alcohol, is absolutely harmless. I may be pardoned for making this short and imperfect resume of the history of anæsthetics in general and chloroform in particular, and we will now proceed with the main question at issue. In order to be more precise and permit an easy and quick survey, I will bring the subject under these four leading questions, viz:

1st. Who shall give chloroform?

2nd. To whom may and shall it be given?

3rd. How must it be given?

4th. How much is to be given and how does it effect the patient?

The first question, who shall give chloroform? In this age of specialties the supposition is near that I would unqualifiedly suggest a specialist, a man who makes it his business to give anæsthetics and gives this business his undivided attention. Not so. I maintain that every qualified physician ought to make it his business to be ready for the occasion and to be well versed in the details of anæsthesiation. No man who has not mastered these details, has the moral right to handle an agent at once so great and powerful for good or evil. One ought to think twice before he takes the balance of life of a fellow creature in hand, - a scale so delicately poised, that the quiver of a muscle may sink the lethal side. Nor is this all. Every death that happens during the administration of chloroform is promptly ascribed to it. The clamoring mob abuses the unhappy administrator and, denouncing the agent as dangerous, robs many a poor sufferer of this great boon to humanity.

Rarely ought a doctor now-a-days be placed in a position to be anæsthetist and operator at the same time; yet all of us may be placed in this very unpleasant predicament. In such a case only the most urgent and absolute necessity can be at all excuse. The anæsthetist ought to give all his attention to his charge, and not for one moment ought he to attend to the operation, if he does he may find to his sorrow that the patient needs his attention no longer.

The next question is: To whom may and shall chloroform be given? Before

we give chloroform to any one, he should be properly prepared, that is to say, his physical condition ought to be made as favorable for the taking of this powerful agent as can conveniently be done. The person to be chloroformed ought not to have a full stomach, i. e., he ought not to have eaten solid food for at least six hours before he is to take chloroform. Nor is it well that the patient, perhaps nervous, excited or exhausted from illness and suffering becomes weak from prolonged fasting. It is, therefore, advisable to give a cup of broth or some fluid food a couple of hours preceding the administration of chloroform. Sometimes it is well to give stimulants.

The individuality of the patient is not so material. Chloroform may be given with impunity to the baby a few days old and to the centenarian. Babies and young children bear it remarkably well. The intermittent pulse is no contraindication.

Bright's disease, valvular disturbances of the heart, even fatty degeneration of that organ form no absolute barrier. However, it is well to inquire into all these possible conditions and, when present, should put us on our guard, make us all the more cautious and attentive. After the patient has fairly recovered from the influence of chloroform, it may be well to give some stimulant, sometimes a little morphine hypodermatically. This induces a few hours rest or sleep from which there is usually a refreshed awakening.

The question, how shall we give chloroform is one of vast importance. The first thing to decide is, by what means the agent is to be administered. Many an apparatus has been invented, Clover's, Snow's, etc., but none of them have stood the test of practical experience. If they were perfect dosimeters they were impracticable and unwieldy, if they were manageable machines they had no intrinsic value save the maker's price, and did not better serve the purpose than the napkin and towels of Sir Jas. Simpson. Only in a regular operating room is a complicated apparatus practicable. Nothing is handier and better than a cone made of a napkin covered by paper. Such a cone answers every purpose. With it we can regulate the dose, the proper admixture of air and reduce waste by evaporation to a minimum.

Stand behind the patient at the head, notice the condition of countenance and pulse and place your finger, for convenience on the temporal artery. Encourage, reassure, cheer your patient and go to work. Pour in your cone about a drachm of chloroform, bring it gradually to the patient's face and let him breathe from the cone with a large allowance of air. Approach gradually and as soon as the sensibility of the air passages is overcome, as evinced by the subsidence of coughing or swallowing, give chloroform freely almost to the exclusion of air. Continue in this manner until your patient breathes easily and the eyelids no longer wink when touched. Now the patient is ready for most all operations. To bring him into this state takes from two to six minutes.

Your patients are your only care. Keep the finger on the pulse and watch with eye and ear the state of respiration. Be ready to state instantly rate and quality of pulse. If the patient's manner becomes excited withdraw the chloroform, if his countenance becomes livid give sparingly and much diluted, since often rapid and deep inspiration follow this state and enhance the danger by adding rapid anaesthesia to asphyxia. We must bear in mind the accumulative tendency of chloroform. Desist from giving chloroform when patient vomits, at least, if not sure that his stomach is empty and free from solid food. Be certain that your patient breathes and air enters into the lungs, diaphragmatic movements may deceive you. As soon as you hear laryngeal stertor stop your chloroform instantaneously.

The nature of the operation must determine how far your patient is to be anaesthetized. Watch unremittingly the sensibility of the conjunctiva and the condition of the pupil, whether or not it responds to light. If the pupil does not respond at all be extremely watchful and be ready to give timely warning, but be also careful to give no false alarm. In operations on the genito-urinary apparatus and on the rectum we find in the condition of the pupil the best indication whether the patient is sufficiently narcotized, he must be profoundly under the influence of chloroform. In case your patient becomes weak and faints as shown by pallor, profuse perspiration, and yawning leave off chloroform, and put him in the hyper re-

cumbent posture with his head lower than his hips and order some stimulants. Quickly withdraw the chloroform when you perceive laryngeal stertor, pull the chin forward, upward and with it the head backward. This manœuvre removes (or may remove) the obstruction in the larynx and raises the ribs and sternum, in fact, is an easy and gentle form of artificial respiration. When this method does not succeed turn the patient on his side and institute artificial respiration after Marshall Hall or Silvester. It may become necessary to pull out the tongue which has fallen back and over the epiglottis. This ought to be done with a pair of sharp forceps, using a deal of force, to not say violence, in order to excite reflex action.

In extremely dangerous or disastrous cases quite a number of means for resuscitation are to be used to avert the fatal issue, but of these later on.

The last of our questions—how much is to be given and how does it effect the patient, remains to be answered. The quantity to be used in a given case depends on the nature of the operation and the probable time it takes to do it, and much more and perhaps wholly on the nature, temperament and habits of the individual. Nervous people, hysterical women and those addicted to the excessive use of liquor require a larger amount of chloroform than those who are differently or normally constituted. Children whilst they bear it well, require a great deal. I have seen patients thoroughly anaesthetized for two hours using only one ounce of chloroform whilst others in that length of time took as much as ten to twelve ounces. No two people, however, are affected alike. A person before an operation, let it be ever so trivial, is naturally somewhat nervous, shows signs of discomfort. Some are excited, pucker their mouths, pinch their eyes, screw and twist in all sorts of manner.

The first effect of anaesthesia is loss of this nervousness and restraint. The eyes are generally opened, the patient looks around and talks, often quite rationally, about the operation, etc. The conversation gradually becomes incoherent; often boisterous; some laugh and sing; some pray and curse. Now some muscular movements may be observed followed by a struggle requiring forcible restraint.

This is followed by a state of muscular rigidity which subsides gradually or abruptly. There is a little muttering succeeded by a drunken sleep with complete relaxation of all the voluntary muscles and abolition of sensibility. This is complete anaesthesia. Absence of sensibility in the conjunctiva and insensibility of the pupil to light give accurate information as to the true condition of the patient. Sometimes, more in children than in adults, the sphincters relax and the contents of the bowels and bladder are voided involuntarily. Such a state of affairs indicate some danger and solicit an extra degree of watchfulness lest the heart and respiratory muscles become involved in the same way.

Under the influence of chloroform the pulse becomes first accelerated, it gradually gets less frequent and finally resumes the normal tempo. It may become slow and weak as the operation progresses. The condition of the pulse may be greatly influenced by loss of blood during surgical procedure.

Pari passu with the pulse goes respiration. Respiration, too, first becomes quickened, gradually returns to normal (even, full and deep) and then may become superficial and shallow. As hinted before, movements of the chest are no assurance that respiration is properly go-

ing on, of which fact we can easily convince ourselves by listening, do not always trust to the eye alone.

You recollect the laryngeal stertor spoken of. There is another kind of stertor, the palatal stertor. Palatal stertor is no more nor less than ordinary snoring familiar to all. It is nearly always the warning signal that the patient is chloroformed enough. It is no sign of danger but marks the border line of safety. The laryngeal stertor with which we all have become acquainted in other conditions than those produced by anaesthesia is of the greatest moment. It is presumably, perhaps positively, demonstrated the result of closure of the larynx by paralysis of the epiglottis and a falling of the relaxed arytenoid folds on the rima glottis, and possibly a relaxed condition of the vocal cords. If this condition persist death from asphyxia is the inevitable result.

Death from chloroform either comes gradually or suddenly. Whatever may be the causes and how to counteract them we will not now discuss and reserve for some future day as a continuation.

Thanking you for your kind and patient attention, I cannot help being reminded of the Yankee's beaver, "he had to." Possibly you listened because you had to.

REPORT OF A REMARKABLE SERIES OF THIRTY-THREE CASES OF DIPHTHERIA TREATED BY THE TARTARIC ACID AND CORROSIVE SUBLIMATE OF MERCURY METHOD.*

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During the summer of 1889 my attention was attracted to an editorial in the *Medical News* which gave a synopsis of an article that had appeared a short time previously by Dr. Rennert, of Frankford-on-the-Main.

The substance of the article was to the effect that Rennert, while passing through an epidemic of diphtheria of great malignancy, and in which he had lost a great many cases, recollected that Laplace had

but recently proved by direct experiment that corrosive sublimate in solution, slightly acidulated with tartaric acid was, by far, the most efficient of any of the germicides to be found, as applied to the bacteria of diphtheria.

Whereupon Rennert immediately changed his treatment. In addition to the conventional methods he had the throat thoroughly swabbed every six hours with a 1:500 tartaric acid corrosive sublimate solution, making sometimes four or five applications at one sitting. After instituting this procedure he did not lose a

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†Visiting Physician to the Baptist Orphanage.

patient, although the epidemic had not apparently begun to decrease in virulence.

I was at this time using as a disinfectant in obstetric work the so-called tartaric sublimate tablets of Mulford & Co., of Philadelphia, consisting of 3.85 grains of hydrarg. bichloride to 19.25 grains of tartaric acid. The addition of one of these tablets to four ounces of water makes a 1:500 solution. I, therefore, resolved to adopt Rennert's plan in future cases of diphtheria, as the rationale of the method appealed very strongly to me.

It so happened that the following autumn I had from forty to fifty cases, and my experience fully corroborated the results of Dr. Rennert. I lost no cases treated by this method, although three children who had contracted the disease from my patients died of it. Two of these I saw after they had been ill a number of days, but they were then almost in articulo mortis. The third was a case of my own which did so well under this treatment, that the parents against my advice, persisted in their previously-formed intention of moving to another part of the city. The great distance debarred me from continuing in the case, and I subsequently learned of its death.

After this my cases were so few and scattered that, although the method proved eminently satisfactory, I kept no record of them.

During the autumn and winter of 1892, the following very interesting and, I trust, instructive series came under my observation at the Baptist Orphanage, of Philadelphia.

Late in the preceding winter two cases of diphtheria, in half grown children, appeared in a farm house directly opposite and distant about one hundred yards from the Orphanage. The disease presented a very malignant aspect, and, notwithstanding the faithful care of a competent brother practitioner, both children died after an illness of a week or ten days. A number of other cases appeared in the village at this time, one of which I happen to know resulted fatally.

The following August one of the boys at the Orphanage, a lad of sixteen years of age, who had been assisting the gardener spread manure that had been obtained from the farm where the children had died the preceding winter, was suddenly taken ill with fever, vomiting, and

slight sore throat. My first visit being made at dusk, I fancied the case one of beginning scarlatina, of which we had had a few cases the preceding spring; but upon my visit the following morning the diagnosis of diphtheria was apparent, and I lost no time in having him transferred to the Municipal Hospital, dreading the entrance of the disease among so many children.

Unfortunately, we were too late, and in the next few days nine of the boys from the same cottage developed well-marked cases and were at once isolated in a separate building which had been converted into a temporary infirmary. A trained nurse was obtained and the child placed under treatment at once. As a routine measure, each child was given the following tablet-triturate: hydrarg. chlor. mit., gr. one-fifth; sodii bicarb., gr. j; ipecac, gr. one-tenth; every half hour until free movements of the bowel ensued, and after that they were continued every two hours. The following mixture modified to suit the varying ages, was also employed: R. —Quinina sulph., potas. chlorat., potas. citrat., syr. ferri chlor. (P. D. & Co.), syr. yerba santa.—M. et Sig., one drachm every two hours.

The nourishment consisted of liq. peptones (S. & J.) and milk at the commencement of the cases, rapidly followed by a full diet as the patient convalesced. In addition to this the nurse was instructed to apply every three hours by means of a cotton swab, a 1:500 solution of the tartaric acid corrosive sublimate tablet, made by dissolving one of Mulford's tablets in a gill of water.

The results were immediate and remarkable, the temperature falling, the pulse becoming normal, and the aspect of the child undergoing an astonishing change. The course of the membrane across the fauces was checked, and in each case came away in about forty-eight hours. All of these children were practically well in two days while the first case, which was transferred to the Municipal Hospital, was quite seriously ill for some time, and was not discharged for over six weeks.

The effect of this unusual success in the first nine cases was, in some respects, followed by unpleasant results, though of great value to this paper, furnishing, as it

does, complete check experiments upon my other cases.

A feeling of skepticism was developed in the minds of the attendants, and even the nurse was tainted by the prevailing feeling. So that, after the children first affected were about ready to return to their cottages, being allowed to play on the veranda on pleasant days, the strict quarantine which I had endeavored to establish was completely relaxed, and visits of more or less ceremony were exchanged between the nurse and the matrons of the other cottages.

I had promised to return the children to their own building on Wednesday, but on the Friday preceding five of the children in the so-called children's cottages were taken ill with fever, vomiting, coated tongues, etc., not, however, complaining of their throats.

The matron of their cottage, who was a law unto herself, said: "The doctor was mistaken in thinking that the children who were sick had had diphtheria and, that she would not allow her little ones to be taken to the infirmary, but would show him that she could treat them as well as he." She, therefore, had them taken to the third story of her building, and allowed the well to stay with and amuse the sick. This was, of course, in direct opposition to my order that any child with the slightest suspicious symptoms should be sent immediately to the infirmary, where we had provided a separate apartment for such cases.

The first child was taken ill on Friday, and on Monday evening, after what I had hoped would be my last visit to the infirmary, the matron stopped me to say that she had five children ill with a slight stomach derangement, assuring me at the same time that there was nothing wrong with the throats, as she had carefully examined them. I declined to see them then, having just left a diphtheritic atmosphere, but called the next afternoon, having been prevented from going earlier, owing to urgent professional engagements. To my horror and disgust I found the children had had diphtheria for some days, their sickness having been carefully concealed from me. They were at once removed to proper quarters, but the disease had acquired such headway that in four or five days three of the five died, all of them dying of heart and kidney involvement,

being victims, in my opinion of the development and absorption of the diphtheritic ptomaine. After this fresh outbreak we had eighteen other cases, two of whom died. One a child two years old with a very bad family history, all of his family connection being dead, and the other a child four years old, also with a bad family history, who at the height of the diphtheria developed a very violent attack of measles and succumbed to the combined force of the two diseases.

I have only been able to get the charts of the first nine cases, which I here append:

CASE I.—George T., aged eleven years, entered the infirmary on September 5, 1892. Temperature on entering at 6 P. M. 102°; pulse 120. At 8 P. M. after swabbing, temperature 100.8°; pulse, 100. September 6th, 11 A. M., Temperature, 101°; pulse, 99. 11 P. M. Temperature, 99.4°; pulse, 80. September 7th, 2 A. M. Temperature 98.4°; pulse 84. The diphtheritic patch disappeared. Uninterrupted recovery.

CASE II.—Harry McK., aged ten years, admitted September 4th, 6 P. M. Temperature 98.8°; pulse, 94; throat very much inflamed, but no patch. 5th inst. Throat considerably ulcerated. 8 A. M. Pulse, 80; temperature, 98.6°. 6th inst., 5 A. M. Pulse 69; temperature, 98.4°. Patch disappeared. Uninterrupted recovery.

CASE III.—Thomas H., aged ten years, admitted August 27, 1892, 4.30 P. M. Pulse, 105; temperature 101°. 10 P. M. Pulse 110; temperature, 102.6°. Throat with large, dark patch. Treatment continued through the night, and recorded every two hours. August 28th 12 M. Pulse, 99; temperature, 98.4. 6 P. M. Pulse, 84; temperature, 99.4°. 9 P. M. Pulse, 84; temperature, 98°. 12, midnight, Pulse, 86; temperature, 98.4°. Ulcerated condition disappeared on 28th inst. Uninterrupted recovery.

CASE IV.—Fred D., aged nine years, admitted August 30th, 4 P. M. Pulse, 105; temperature, 104°. 7 P. M. Temperature, 103. 10 P. M. Temperature, 100.6°. 31st inst. Temperature, 99.2°. September 1st, 1 A. M. Temperature, 98.8°. 1 P. M. Temperature, 98.4°; pulse, 80. In this case on entering he had offensive breath, large patch extending back on the fauces, coated tongue, flushed face, bad headache, etc. Recovery was uninterrupted.

CASE V.—Elmer G., aged eight years, admitted August 31st, 2 P. M. Face flushed, throat badly ulcerated, extending upon the fauces. Pulse, 103; temperature, 101.6°. 5 P. M., temperature, 101.4°; 8 P. M., 100.4°; 11 P. M., 100°. September 1st, 2 A. M., temperature, 99.8°; 5 A. M., 99.8°; 2 P. M., 99.4°; 11 P. M., 98.6°. September 2d, 2 A. M., temperature, 98.4°. Uninterrupted recovery.

CASE VI.—Roland S., aged seven years, admitted August 31st. Patch large and extended. Breath very offensive. Glands on left side enlarged. 11 A. M. Pulse, 116; temperature, 102.2°. 2 P. M. Temperature, 103.6°; 5 P. M., 102°; 8 P. M., 101.2°; 11 P. M., 100°. September 1st, 2 A. M. Temperature, 98.8°; 11 A. M., 102°; 2 P. M., 99°; 8 P. M., 98.4°. Uninterrupted recovery.

CASE VII.—Thomas C., aged twelve years, admitted September 3d. 5 P. M. Temperature, 102°; 8 P. M., 103°; 11 P. M., 102°. 4th inst., 2 A. M. Temperature, 102.2°; 5 A. M., 100°; 8 A. M., 100°; 11 A. M., 99.4°; 2 P. M., 98.6°. 5th inst., 2 A. M., 98.4°. Recovery uninterrupted.

CASE VIII.—Willie H., admitted August 27th.

Diphtheritic patch large. Cervical glands very much swollen. Temperature, 7 P. M., 99.6°. Ranged below this until the 29th inst., when at 4 P. M. it fell to 98.4°, and remained so. Recovery uninterrupted.

CASE IX.—Charles W., admitted September 10th. 5 P. M. Temperature, 102.2°. Throat involvement marked. 8 P. M. Temperature fell to 98.6°. 11th inst., as 8 P. M. was 98.4°, and remained so. Recovery uninterrupted.

With the exception of those who died the other cases all presented this same clinical picture. In some of the fatal cases I was obliged to use a spray of hydrogen peroxide in addition to the bichloride to purify the air, on account of the intensely disagreeable odor, but my experience with it as a remedial agent has been so unsatisfactory as compared with the bichloride that I rarely use it, excepting as a deodorizer. The danger of salivation from the sublimate solution seems to be nil, as in a few laryngeal cases I have given as much as the eighth of a grain every two hours in addition to the local use, although in such cases I think the drug should be carefully watched. Nor is there any danger from the patient swallowing the cotton, as in one instant a patient of mine did, owing to the cotton being so carelessly rolled on the holder that it came off in the child's mouth and was swallowed. Even in this case the dose of the bichloride is not excessive. A drachm of the solution only contains one-eighth of a grain, and as the ordinary tuft of cotton used for such purposes will only hold a teaspoonful of the solution, and almost all of that is expressed out of the cotton against the fauces, and expectorated, the amount swallowed is not more than a tonic dose.

The advantages of this method are many, and the rationale of it appeals very strongly the judgment.

We all recognize the fact that the diphtheritic germ is not markedly aggressive, and we know that a necessary concomitant to its spread is a proper culture field. By experience we have learned that the throat of a delicate child furnishes a good culture medium, while that of a robust child will fight it off successfully. Therefore, anything that detracts from the value of the throat as a culture medium adds to the natural resisting power of the susceptible child and raises him to the level of the child of stronger constitution, who needs no extraneous aid. This desideratum is obtained when we have a wash which, though deadly to the germ,

is practically harmless to the child. Then, by the death of the bacteria, the membrane is limited and the danger of subsequent mechanical obstruction is obviated. In destroying the germ we also cause a cessation in the formation and absorption of the ptomaines, thus lessening the risk of paralysis, septicæmia, heart failure, albuminuria, and all the train of symptoms that follow in the wake of this powerful animal alkaloid. Another advantage is that the treatment is quite as satisfactory in the treatment of the less serious throat and tonsillar affections. I have found nothing act so rapidly and certainly in simple ulcerative tonsillitis or in the follicular variety, the subjective symptoms in both yielding at once. Then, again, it lessens the chances of the spread of the disease through a house or neighborhood, and reduces to a minimum the danger to the attending physician, as the disinfection is carried out at the very fountain head of the trouble. Instead of hunting the germs in the nooks and crannies of a room, they are attacked in their own citadel.

And still another advantage in this method of treatment is that no time is lost, as the necessary tablets furnish a part of the physician's obstetric armamentarium. It is my practice to at once give the attendant of my patient a tablet, with minute instructions as to how to apply the wash. My experience has taught me that a good method is to make the applications every three hours, and to simply press the cotton against the membrane, thus soaking it. The second or third day the membrane becomes readily detachable, and usually comes away on withdrawing the cotton. Formerly I thought it necessary to rub and tear the membrane loose, but I have never seen any benefit from it, while it is very annoying to the patient. As the patient begins to convalesce I make the intervals of application six hours, and, finally, twelve hours apart. While my results have been generally obtained by means of the cotton applicator I can see no reason why the atomizer should be interdicted, although in an unruly child it is almost as difficult to use one method as the other.

In conclusion, I claim for the method that, in competent hands, such as Dr. Rennert's, and under the peculiar circumstances in which a perfect check experi-

ment was furnished, such as in my own cases, it has proved a simple and perfectly satisfactory remedial agent, and I beg for

it a thorough trial, hoping that it may prove in the hands of others all that I have obtained from it.

POINTS OF SIMILARITY BETWEEN US AND HOMŒOPATHIC PHYSICIANS.

*The Annual Address of the President of Philadelphia County Medical Society,
Read May 24, 1893.*

JOHN B. ROBERTS, A. M., M. D.

In the address which I had the honor of delivering from the Presidential chair a year ago, I gave it as my opinion that this Society should be liberal enough to accept as a member any physician whose education and personal character made him a fit associate for intelligent men. I stated my belief that the test of qualification for membership should not be the college from which the applicant received his diploma; but an education enabling him to understand and appreciate the science of medicine, and an honest purpose to treat his patients by all means and methods, which experience, investigation and research show to be serviceable. It seemed to me then, as it does now, that such a physician's political, religious or social beliefs should not disqualify him; nor his opinion that in "similars" he sometimes finds a remedy of value.

Following out this line of thought, I have undertaken an investigation to determine whether there are any points of similarity between us, who decline to receive any sectarian designation, and those who accept for themselves the name of homœopathic physician. This study has interested me very much, and it is my purpose to lay some of the results before the Society this evening.

None will deny the fact that as a class we, as well as they, are law-abiding citizens, whose culture, intelligence and wealth add to the intellectual and financial prosperity of the districts in which we live. The doctors of village, town or city, are ever respected by the community, and their counsel is sought in many emergencies not strictly medical. This deferential courtesy is extended to all honorable and skilful physicians, without thought

as to their belief in, or rejection of, the law of similars. In this amenity of civilized society, then, there exists no difference between us and our homœopathic neighbors. Our mutual social relations also teach us that there should be none. We meet each other in drawing-room, mart, or amusement hall, to find no difference in courtesy, refinement or large-hearted charity. How often do we meet a homœopathic friend with the heartiest of handshakes, because we honor him as a man and love him as a friend. The grasp returned shows that the respect and affection are fully reciprocated.

Much to be regretted is it that a marked similarity exists between the ignorant and half-educated graduate of all kinds of medical colleges. We do not hold a monopoly in the graduation of men who tell State Boards of Medical Examiners that the boiling-point of Fahrenheit is "about 300°," that the "average respirations are 70 per minute," and that the same disease is called pneumonia when it affects one lung, pleurisy when it affects the other. The ignorant and reckless doctor will always be a menace to the public health, whether he decline or accept the designation "homœopathic." The greater damage is probably done by our half-educated graduates, because the number of homœopathic medical colleges in Canada and the United States is only 26, whereas we have 220. From these colleges there graduated, in 1890, only 391 homœopathic physicians, while our own colleges sent out 4237. The number of medical matriculates in the United States and Canada during the decade between 1880 to 1890 was, in our own colleges, 115,355. The number of graduates was 36,655. The number of

matriculates in the homœopathic colleges in the same decade was 11,366; the number of graduates, 3,883. The percentage of graduates to matriculates in our schools was 30.9; in the homœopathic schools, 24.1. These tables, taken from the statistics compiled by the Illinois State Board of Health,¹ would seem to show that the ratio between the number of students and the persons granted degrees was nearly the same in both classes of medical colleges.

As many medical colleges are commercial associations to manufacture doctors as rapidly and cheaply as possible, it is apparent that their output will be ignorant physicians, whose individual beliefs as to the laws or methods of therapeutics will do little to protect the public from malpractice and criminal medical ignorance. The high-grade medical colleges have recognized the fact that the cure for this public wrong is the establishment of State Boards of Medical Examiners, whose examination alone shall determine the qualifications of the applicant for license to practise. It is gratifying to know that we and the most highly educated homœopathic physicians in the various States agree on the necessity of such State laws. It is true, however, that a number of our medical schools (University of Pennsylvania, University of Michigan, Harvard University, Woman's Medical College of Pennsylvania, and perhaps one or two others) now require four annual courses of college lectures before the student can obtain his degree; and that only one homœopathic college (Boston University School of Medicine), so far as I know, demands this high standard. It is to be hoped that more colleges will soon follow this movement to elevate the standard of medical education.

The text book for students recommended in official announcements afford instructive evidence of the similarity in teaching given the four or five thousand graduates coming annually from the two kinds of medical colleges. The announcements of the Hahnemann Medical College of Philadelphia, for 1891-92 shows that a great proportion of the works recommended are the same as those we advise our students to purchase. *Leidy's Anatomy*, *Tyson's Urinary Analy-*

sis, *United States Pharmacopœia*, *Mann's Prescription-Writing*, the *Stillé* and *Maisch Dispensatory*, *Wood's Therapeutics*, *Pepper's System of Medicine*, *Gross's Surgery*, *Agnew's Surgery*, *Playfair's Obstetrics*, *Duhring on Diseases of the Skin*, *Reese's Medical Jurisprudence*, and *Gould's Dictionary* occupy no less conspicuous positions in the list there found than in the announcements of our own colleges.

What I have said shows clearly enough that the material out of which medical students are made, and the college training by which they are developed into medical practitioners are very similar, whether the intending doctor expects to become a physician without sectarian title or hopes to belong to the ranks of homœopathic medicine. The students are gentle or boorish, earnest or slothful, intelligent or dull, ignorant or wise, in about the same proportion. They study many of the same books, live in the same boarding-houses, have the same pleasures and trials, and make much the same kind of doctors. The educated, true and earnest are capable of bringing manifold blessings into the sick room; the ignorant, false and careless do infinite harm to the public—the public which, in Pennsylvania, has no protection from such dangers, since the State has not as yet thought it worth while to weed out the grossly ignorant and incompetent by a state examination and license.

A very striking similarity between us and our homœopathic neighbors is the latitude of opinion exercised in the choice and administration of drugs. Many thoughtless persons believe that we give only large doses, the homœopaths only small ones; that we do not use powders or triturates, that they do not write prescriptions, or administer alcohol or opium. Nothing is easier than to show the fallacy of these statements.

Every member of this Society knows that any attempt to restrict one of us to the use of certain medicines or methods of treatment, or to the employment of any stated size of dose, would result in the immediate rupture and destruction of the Society. Such interference with individual liberty would not be tolerated. Everything and anything that I believe will aid my patient I must have full liberty to use. No organization has the

¹ Medical Education, etc., Springfield, 1891, pp. 24 and 31.

right to say what drug or what medicinal dose you or I shall employ in the treatment of disease. The whole field of science, medical and collateral, is utilized in our endeavor to relieve and cure disease. We are bound by no therapeutic law of "similars," or of "dissimilars;" we never have been and never can be. We follow the authority of no man, and are bound by no dogmas; but with full liberty of conscience we act as individuals responsible to no other human agent. This phase of our position is often misunderstood by the public. It was, however, clearly stated ten or a dozen years ago in the deliberately written words of the American Medical Association, which, in speaking of a similar topic, said: "Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice."¹

The homœopathic practitioner of to-day, as a rule, feels the same liberty as we do, but believes what he calls the "law of similars" being a good indication as to the choice of remedies.

Neither we nor they, unless it be isolated individuals, base our practice on "an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

If the action of homœopathic medical societies, of homœopathic medical journals, and the spoken and written statements of homœopathic physicians are examined, it is evident that very many of those whom the public regards as homœopaths have comparatively little faith in the infinitesimal doses of Hahnemann, or in the infallibility or universality of his law. The gentlemen represented in or by these societies, journals and statements have, it would seem, a belief in the more or less frequent value of the "law of similars" in treating disease; but admit that cases, more or less frequently, require the doctor to use non-homœopathic methods if he is conscientiously to do the best thing possible for his patient. In the words of a resolution passed by the Homœopathic Medical Society of the County of New York, on February 8,

1878, the belief in the law of similars "does not debar us [homœopathic physicians] from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle of medical science, or of any therapeutic facts founded on experiments and verified by experience, so far as his individual judgment they shall tend to promote the welfare of those under his professional care." This statement corresponds with the attitude and practice of us who, as non-sectarians, believe in the science and art of medicine; and would render the subscribers to it eligible for membership in the American Medical Association, the Medical Society of the State of Pennsylvania, or the Philadelphia County Medical Society.

Dr. Joseph Kidd and Dr. W. H. Holcombe, well-known homœopathic writers, believe, with the members of the New York Homœopathic Society, that everything and every method which cures should be utilized, even by those believing in the law of similars as a valuable indication in therapeutics. Dr. Holcombe says a physician professing belief in the homœopathic law is not obliged to limit his practice strictly to the application of that law, but claims everything which cures. Dr. Kidd, who held a position in the London Homœopathic College, made a similar statement.

I think I am justified in the statement that to-day there is comparatively little belief in, or practice of homœopathy as advocated by Hahnemann. There is no doubt that a few homœopaths, represented by Dr. Berridge, the late Dr. Lippe and Dr. Neidhard, believe, or at least did believe, in the infinitesimal doses of Hahnemann and the universality of his law of similars, the truth of which two points is, according to Neidhard, "identical;" but I am inclined to think that the great majority of physicians considering themselves homœopaths reject the idea that diminishing the dose increases the power of any drug. Of those all, or nearly all, give only a modified assent to the law of similars; believing that it is often, perhaps

1. This quotation is extracted from a criticism of the resolution, contained in a "Declaration of Homœopathic Principles," published in *The Organon*, Liverpool, April, 1878.

2. *Universality of the Homœopathic Law of Cure*, pp. 29-34.

¹See *Journal of American Medical Association*, Nov. 19, 1892, p. 611.

very often, a good rule to follow in selecting a remedy, but that many diseased conditions are best treated by remedies not selected in a homœopathic way. Very many quotations could be made to support my position.

It seems to me that the physicians recognized by the public as homœopaths consists of two classes: First, a small number who adhere to Hahnemann's teachings, which seem to me to be not founded on good evidence, and therefore unscientific and unworthy of credence. Secondly, an increasingly large number who, while entirely rejecting the doctrine of increased power being given drugs by dilution, still have some belief in the law of similars. These last do not wholly rely upon the homœopathic law or methods in treating disease as presented to them in daily practice. It is probable that in many cases a drug originally suggested for a certain disease by a homœopathic text-book or authority is used when that condition is to be treated, without much thought being given to the law; though the drug is administered in powder or pellets, or in a tumbler of water. If this be true, it corresponds with the practice of many of us non-sectarian physicians, who use powders, small pills and solutions advocated by well-known authors and teachers without pausing to inquire the reason for our faith in, and use of, them.

Many homœopathic physicians have their libraries well stocked with journals and text-books, edited and written by non-sectarian physicians, who, of course, repudiate Hahnemann's teachings. Various remedies are advocated in these works for the diseases which doctors are called upon to treat. It seems to me probable that homœopaths consult these books in their libraries and select from the drugs therein recommended such as seem to them to be instances conforming to the law of similars. My opinion is confirmed by a recent review in a homœopathic journal,¹ of a book written by a non-sectarian physician. It says of the book: "The doses are generally larger than would be called for, but the suggestive character of the prescriptions will often give excellent hints to meet individual cases." This is very far from being the practice of homœopathy as Hahnemann taught it; but it is not unlike scientific medicine, which aims to

select such remedies as will correct these morbid disturbances and changes in the organs and tissues which are the essence of the disease. In a similar manner many of the text-books used in homœopathic medical colleges are written by those who deny the truth of homœopathy.

Dr. James B. Bell, President of the Hahnemannian Association, in his address last June, said: "Our society numbers in active living members about 150, and it would be a generous estimate, I think, to double that number, as representing in the whole world all those who may be called true Hahnemannians or who are becoming such. If we have patients going to other cities, especially in the West and South, how rarely can we recommend a physician to them, and if the patients are taken to Europe or England, we know of but five or six men in the great cities to whom we can safely intrust them."

Such a statement, coming from an evidently reliable homœopathic source, convinces me that the great majority of homœopathic physicians are very like ourselves in their means and methods of treating disease.

We believe with Rokitsansky, that the basis of medical treatment is a knowledge of the morbid disturbances and changes in the tissues and organs. The real homœopathy, if I read Hahnemann and his followers aright, pays no attention to the microscopical and chemical changes in tissues and organs, but believes in selecting a remedy which by "proving" causes symptoms similar to, but not identical with, "the totality of the symptoms seen in the patient."

The great body, then, of homœopathic practitioners, if Dr. Bell is correct, use any drug, administered in any way that seems to them likely to be beneficial. They are, however, called homœopaths, because they have a belief in the partial value of a law of similars, and because non-sectarian physicians usually decline medical association with them. All of these physicians ought to be accepted by us as eligible for professional association and consultation, since they are willing to use any and all methods, and are bound by no exclusive dogma or law. Their preference for remedies selected according to what they consider a good rule in many

¹ *N. Y. Medical Times*, January, 1892, p. 309.

² *The Homœopathic Physician*, Philadelphia, August, 1892.

cases does not impeach their general intelligence or their value to the community any more than the differing opinions of many in our own ranks on other medical topics.

That the tendency of homœopaths is to drop Hahnemann's views and come nearer and nearer to scientific medicine, is well shown in a recent work of Professor Theodor Bakody, a homœopathist of Buda-Pesth.¹ He says: "The dilution of medicine should not be carried to a point beyond scientific recognition;" and "I do not consider the biological medical therapeutics of Hahnemann a universal one, inasmuch as it covers only that department of practical activity where medicinal therapeutic causal cures can be effected." These views were expressed by him in 1873, and were still his views when the volume was written. A further quotation will show how near he is coming to our views in medicine. "In making drug-provings we should not be satisfied with the manifestations of mere subjective or general functional symptoms, but in accordance with the scientific knowledge of our day also include in the field of our observations the finer pathological, physiological, anatomical, and chemical manifestations."

This method of finding out the action of drugs is indeed scientific, and different from the method of Hahnemann, his immediate followers and present imitators. Compare, for example, Hahnemann's *Materia Medica Pura*, translated by R. E. Dudgeon, M. D., with annotations by Richard Hughes, L.R.C.P.E., Liverpool, 1880.

An indirect evidence of this decadence of belief in Hahnemann's homœopathy is the effort of many homœopaths to explain away the inconsistency of their practice with homœopathic doctrines. Dr. Charles S. Mack, of Ann Arbor, affords curious corroboration on this point.² He says that the homœopathic law of similars is "the law and the only possible law of cure," but that there are various principles "upon which useful, though not curative, treatment may be based." He says that iron, lime, demulcent drinks, stimulants, and germ-destroying agents

may be useful though not homœopathically indicated, and may lead to the recovery of the patient. This, however, he regards as not a cure but a recovery. It is difficult for me to see the difference as far as the patient is concerned, even though Dr. Mack says (p. 75) that he finds "no impropriety in limiting the meaning which cure shall have while considering the claim of similia." In other words, he justifies his belief in the homœopathic law of similia as the *only curative* treatment of disease, by excluding all cases of patients who recover under non-homœopathic methods of treatment. The latter *recover* but are not *cured*. When asked if he would use a chemical antidote to a chemical poison, which was found to be the cause of the acute disease from which the patient was suffering, he replies that he would use such an antidote, but that "even successful treatment with that antidote would not be curative" (p. 123). His faith in the homœopathic law is thus seen to be founded on a hair-splitting of words; and he further says (p. 135), "today homœopathists are, more than formerly, availing themselves of various practices which are distinctly not homœopathy."

Recent publications in the homœopathic journals indicate the same half-hearted belief in the "law of similars," and the almost total rejection of the doctrine of infinitesimal doses.

Dr. D. A. Gorton, a homœopath not unknown to homœopathists, deprecates³ the use of the words "System of Medicine" as applied to homœopathy. He says it is only a system of therapeutics, and states that he is constrained to regard the law of similars as but a fragment in the grand art of curing disease. He thinks that Hahnemann was wrong in regarding homœopathy as destined to supplant all other methods of treatment. He quotes from Hahnemann's *Organon* to show that a true homœopath must never give a laxative, prescribe a warm bath, nor subdue pain with opium; and indicates his belief that few homœopathic physicians are, therefore; true homœopathists in Hahnemann's sense. He expresses doubt whether, out of the eighty or more homœopathic physicians in Brooklyn, twenty could be found capable

¹ Scientific Medicine in its Relation to Homœopathy. Translated by R. F. Bauer, M. D., 1891, pp. 84, 87.

² Philosophy in Homœopathy, Chicago, 1890.

³ The Drift of Medical Philosophy, revised edition, 1875, pp. 56 and 70.

of rendering in a chronic disease or in an obscure acute disease, a sound prescription according to the law of similars (p. 61). He adds (p. 65) that he has known many professedly strict homœopathic physicians to break up ague paroxysms with massive doses of quinine, use caustics in ulcers, and prescribe emetics, cathartics and sudorifics.

I am quite sure that my hearers will agree with me that we are very like homœopaths in the treatment of disease, if these homœopathic writers give a truthful account of the methods employed by themselves and their colleagues. These statements, moreover, are substantiated by other writers, who speak in a similar strain.

A well-known journal,¹ edited by believers in homœopathy, in a recent editorial made the following statement: "It is apparent to even the casual observer, that scientific study is rapidly bringing all schools more in harmony with each other, and while it eliminates, more and more the theoretical and conjectural, is building up a scientific therapeutics based upon the unanswerable logic of facts, the general outline of which will be acceptable to all."

The same journal suggests (p. 51) that if the societies composed of non-sectarian physicians revise their by-laws so that physicians now called homœopaths may be eligible for membership, the next move should be for the homœopathic medical societies to drop the sectarian name. Could anything show better than this suggestion the slight hold homœopathy has upon many of the supposed followers of Samuel Hahnemann?

The *Northwestern Journal of Homœopathy* says: "The practitioners of homœopathy forty years ago who are now living can scarcely recognize the merchantable article called homœopathy at the present day," and asserts that the doctors who "really practice homœopathy are very few compared with the proportions who did so forty years ago."

The *Homœopathic News* for March, 1892, says editorially: "We venture to assert that had not our school drifted away from the practice of forty years ago, it would have been dead and buried long

since." Continuing, this recognized journal of homœopathy says:

"We have drifted away from the practice of giving a pellet of the two-hundredth or higher, and waiting thirty or sixty days for its curative effects; from the prescribing of a high dilution by smelling the dry pellets, those same pellets 'grafted' by shaking a thousand pure pellets with one medicated by the ten-thousandth.

"We have drifted away from a belief in provings made by taking a single dose of the one-thousandth, thirtieth, or third even, and then recording all the symptoms felt by the power—natural symptoms, colds, diarrhœa, etc., for the next sixty days!

"We have drifted away from the carrying a pocket repertory to the bedside of the patient, and recording the symptoms in columns, and a weary search in said repertory until a mechanical similimum was found.

"We have drifted away from the days when our pseudo-surgery was a disgraceful farce, when we expected silica to open a felon, or hepar sulphur to lance an abscess.

"We have drifted away from the narration of miraculous cures with the highest attenuations, which are not cures at all, but a spontaneous finale of a self-limited disease.

"We have drifted away from the days when our practitioners would sit by the bedside of a woman dying of uterine hemorrhage, hunting in a repertory for the 'indicated remedy,' while the vital fluid was ebbing away, without recourse to the tampon or ergot."

Dr. Conrad Wasselhoeft, in a paper read before the Southern Homœopathic Medical Association,¹ admits that homœopaths, in order to join the ranks of a united medical profession, may "have to recede somewhat from the too premature axiom of the universality and infallibility of our law of similars." He apparently signifies his assent to this necessity.

In an article on "Defects and Limitations of the *Materia Medica Homœopathica*," a writer, who is a homœopathist, discusses the difficulty of selecting the proper remedy, because of the possibility

¹ *New York Medical Times*, May, 1892, p. 48.

² Reprinted in *New York Medical Times*, May, 1892, p. 55.

¹ *New York Medical Times*, January, 1892, p. 313.

² *New York Medical Times*, November, 1891, p. 229.

of the patient not detailing symptoms accurately, and of the inaccuracy of some of the drug effects attributed to remedies. He makes this pertinent statement:

"It is not too much to say that clinical experience does not verify the half of the symptoms to be found in Allen's mammoth collation of materia medica, and, like the man who never speaks but half the truth, one is left to wonder which half of the recorded symptoms is true and which is false. Many of the prominent drugs in the materia medica were proved, as our correspondent says, in the thirtieth potency—that is to say, in the decillionth dilution. What manner of man must he be who can believe that there is an atom of a drug in a drop of that dilution, or the least degree of drug-force!"

The unreliability of homœopathic "provings" and of the derived "pathogenesis" of drugs is here admitted even by a believer in the law of similars. The *Hahnemannian Monthly*, whose homœopathic orthodoxy will, I presume, not be impeached, publishes an article¹ by Dr. J. P. Dake, in which the author says: "But the reliability of pathogenesis has not suffered alone from such causes. Some drug-provers have undertaken to note symptoms produced by doses in which there was no probability, hardly a possibility, of the least drug influences; and some have passed by a great number of articles, having promise of medicinal power and usefulness, to prove some that are eminently disgusting as well as useless."

Even Charles Neidhard has written: "For some peculiar diseases the homœopathic law requires us to give large doses."

This rather lengthy series of quotations from homœopathic writers has been made to establish my point that we and most of them are for all practical purposes similar and at one. They, as well as we, are free to choose whatsoever is thought to be the proper remedy for a diseased condition, and to give it in whatsoever dose is considered curative. Speculation as to the manner of action of a remedy or the best method of selecting it is only interesting from a philosophical point of view.

¹ "Reliability in Materia Medica," read before the Southern Homœopathic Medical Association, January, 1892, p. 2.

² *Universality of the Homœopathic Law of Cure*, second edition, p. 30.

Difference of opinion in such matters makes us no less like them than it makes me different from such members of this Society as believe pulmonary consumption to be of nervous origin, or from those who consider aseptic trephining a dangerous operation.

Another point of similarity between the members of the Philadelphia County Medical Society and the homœopathic practitioners of this city and State is, that much attention is given by both to hygienic and dietetic measures in the management and treatment of the sick. The value of a faithful study of these departments of medical science is admitted by all intelligent practitioners. Again, all of us believe that much priceless information has been gained by investigations into the effects of drugs upon the healthy human organism. That the results of such study can be utilized in the treatment of disease is averred by writers such as Wood, Bartholow, and Hare in our ranks, and by the homœopathic authorities, Dake, Farrington, and Hughes.

When our patients are suffering from symptoms which cannot be removed by any known means, or from diseases which experience has shown to be at present incurable, we and they resort to palliative measures. Remedies which lessen suffering and prolong life, even if they have not the least curative effect on the symptoms or disease, are often administered by you and me and our homœopathic neighbor. Opium, one of the most conspicuous of these drugs, is alike used by us all; and by the way, serves well to illustrate the fact that even homœopathists do not adhere rigidly to their supposed custom of administering remedies singly. It, as we all know, is a combination of many valuable remedies.

A glance at the catalogues of Boericke & Tafel, known the country over as manufacturers of homœopathic remedies, will prove to you that my statements are well founded. In them are seen price-lists of triturates of opium (1x, 2x, 3x, and 6x); sepia (2x, 3x, and 6x), mercurius vivus, silicea, morphium, graphites, and china, as well as of iodoform, podophyllin, rheum, and other names more familiar to our ears. It is more than probable that these chemists supply physicians of all kinds with these triturates, as well as with their one-drop tablets (made from mother

tincture) of byronia alba, aconite, senna, and squill.

When Charles J. Semple wrote, in 1874,¹ that constipation was to be treated by rhubarb and Seidlitz powder and advocated the use of morphine in colic, he certainly was not dissimilar from us in this respect, nor we from him. Yet he was a pronounced homœopathist.

I have already indicated by quotations from homœopathic sources that few homœopathic practitioners now believe in the augmentation of the medicinal power of a drug by diminishing the quantity administered. Hahnemann's assertion of the increasing potency of these infinitesimal doses seems to have lost its supporters among homœopathic practitioners. It is needless to say that in this disbelief we are like them.

The study which resulted in the production of this address has brought me to the same conclusion as that indicated by Dr. Henry O. Marcy, the recent President of the American Medical Association. He says² that "Homœopathy was born, in a measure, as a protest to indiscriminate heroic dosing with powerful drugs," and its popular success was partly due to "an unreasoning prejudice in the minds of a narrow conservative leadership" which characterized our predecessors. He intimates that we and the average homœopathic physician are so nearly alike, except in name, that the great body politic of our profession should institute measures to make it easy for such men properly educated to enlist in the grand army of workers devoted to unbiased investigation and the practice of scientific medicine.

Dr. Henry I. Bowditch, our distinguished associate, put it even more strongly when he wrote,³ not many years since, that homœopathy and eclecticism were the legitimate offspring of the absurdities of the medical profession at the time of their advent.

A short time ago a paper on revision of the By-laws of the American Medical Association was read before the Chicago Medical Society by Dr. J. C. Culbertson,

the well-known editor of the *Journal of Association*. The action of the Society in approving the sentiment of the paper indicates that its members share the views of President Marcy and Dr. Culbertson; for the first important clause of the proposed revised By-laws provides that the members of the American Medical Association "shall be physicians in good standing in the medical profession, who are graduates of reputable medical colleges, and who in every respect conduct themselves as educated physicians and as gentlemen."

If these opinions of such recognized authorities are correct, and I do not doubt it, it is good evidence that, in the course of five or six decades, mutual observation and gradual deviation from our respective original standards have brought us and the homœopathists so near together that the similarities quite outnumber the dissimilarities.

Facts to be Considered by Obstetricians.

1. Since the last meeting of this Society, the operation of Symphyseotomy has been performed 18 times in the United States, and twice in Canada.

2. This operation was performed 11 times in Naples, and in no other locality, in 1891; but spread in 1892, from Italy to 8 other countries, and 71 women in all, were operated upon.

3. The Porro-Cæsarean operation has been performed 28 times in 13 years, in the United States, with 11 deaths; 7 died out of the first 10, and one out of the last 12.

4. The Conservative Cæsarean operation has been performed 75 times in the United States, with 28 deaths: 15 died of the first 25, and 3, of the last 25. Of the last 16, one woman died, and her child also. She was in labor seven days; had a placenta prævia, with a rigid os: she survived twelve hours, and her child two days.—*Robert P. Harris, M. D., to the American Gynecological Society.*

First Boy: "No, sir, you don't catch me shamming off sick to stay home from school and get dosed up with castor oil and such stuff." Second Boy: "Oh, I'm all right on that. We're homœopaths at our house."—*Life.*

¹ *The Science of Homœopathy*, pp. 32, 33.

² President's Address, *Journal of American Medical Association*, June 11, 1892, p. 725.

³ *The Past, Present, and Future Treatment of Homœopathy, Eclecticism, and Kindred Delusions*. Boston, 1887.

SOCIETY REPORTS.

THE MEDICO-CHIRURGICAL SOCIETY, OF LOUISVILLE.

Stated Meeting, March 17th, 1893.

THE PRESIDENT, Dr. F. C. Simpson, in the Chair.

CHRONIC ARTICULAR RHEUMATISM.

DR. A. M. VANCE: I have a little girl at the Children's Hospital that was sent in the other day by the Charity Organization the subject of chronic articular rheumatism. A curious feature of the case is that this growth was found on the large finger of the left hand. It is about $1\frac{1}{2}$ inches in length and seemed to be a horny extension of the finger nail. I have seen the condition several times before.

CONGENITAL CLUBFOOT—OPERATION

No. 2. The other specimens are astragali removed from a case of congenital clubfoot, child two years old. I saw this patient when a month old, but did not begin treatment until it was three months old, owing to the very small size of the feet. I treated them with comparative regularity for some time, but was never able to correct the position of the feet without operation. It was an extreme case of equino-varus. The bones were removed by a semilunar incision on the outer side of the feet, and the result has been very satisfactory. It is the first time I have ever removed any of the tarsal bones for the relief of talipes, but I am certain a cure in this case could never have been accomplished without the bone operation. I am now able to get the feet in almost perfect position, and the ankle joints seem to be about as good as normal. Evidently the astragalus had nothing to do with the movement of the joint, as it was entirely outside of the arch.

DISCUSSION.

DR. C. W. KELLEY: I would like to ask Dr. Vance if there is a motion of the joint where the astragalus is removed; what the future of these cases is.

DR. W. L. RODMAN: In regard to the second case reported by Dr. Vance, removal of the astragalus: This is an operation that I believed was first popularized by Dr. T. G. Morton, of Philadelphia;

my friend and class-mate, Dr. H. A. Wilson, who is Professor of Orthopedic Surgery of Jefferson College, is also fond of the operation. Before my last visit to Philadelphia he had performed the operation on both feet of a patient, and I saw the case about the second or third dressing. Whether or not there is perfect motion of the joint after this operation, it seems to me the question Prof. Kelly asks is a very natural one; what is the future of these limbs after the astragalus is removed? I am not sure whether good motion is secured after the operation or not.

DR. A. M. VANCE: I saw a number of cases operated upon by Morton, in which the feet were perfectly flat; the children, however, walked in a "peg-leg" style, had no spring, but were able to walk very well. By examining the foot you could get a good deal of passive motion, just as can be done in the case reported by me. I was opposed to his operation, and did not believe any infantile case would refuse to be relieved by the ordinary methods, but I treated this child under close observation for twelve months, using several mechanical appliances changing them three or four times. The feet were so very small, however, that no grasp could be gotten so as to make manual replacement sufficient to stretch the interior structures. There has been no trouble whatever since the operation; the wound healed perfectly; that is the right foot healed by absolutely primary union, the other had a discharge of synovial fluid for a while, but no inflammatory reaction and is perfectly healed now. I have the feet in over-correction now in boots. A week ago I changed the boots and tested the motion, which seemed about as much as in the normal foot. I believe they will have to be held in correction for quite awhile, as the structures on the outer side of the ankle are, of course, very much too long.

DR. W. L. RODMAN: What do you

think of the method advocated by Phelps, where he cuts through everything down to the bone, in these extreme cases of club-feet.

DR. A. M. VANCE: I believe, except in very extreme cases, it is unnecessary to resort to any surgical procedure greater than tenotomy and replacement, and even in extreme cases that have been walking four, six, or ten years, with bursæ development and hypertrophy of the bone, I have been able to relieve in an incredibly short time. I think the Phelps operation is good in certain cases as the results are brought about quickly, but it seems an unnecessary amount of cutting and I believe that these structures will remain tender. He cuts down through everything, blood vessels, nerves, ligaments, etc., leaving the gap to granulate and heal under antiseptic dressing. He reports wonderful results, but I do not believe his operation has been generally adopted by orthopedic surgeons. I believe that this cicatricial tissue is not as good as if we leave all the structures there, and further we are liable to have an over-correction by this treatment, which is even worse than club-foot.

DR. D. T. SMITH: You have all heard of the case of the Valedictorian of the University class, Dr. R. W. Bolling, who was, a few weeks before the commencement, suddenly attacked with a peculiar disease winding up with blindness. The symptoms were so little typical of any particular disease that there has been very great uncertainty about the diagnosis. As far as I can gather they were about as follows: Young man in good health on last Tuesday two weeks ago; took an active part in a snow-balling contest at the University, and some hours afterward, while warm, ran to a fire somewhere in the city, returning about eight o'clock. I think probably about eleven o'clock he was seized with a severe rigor which lasted for some time; the next day he had some fever without pain except in the legs over the joints; aching in the small of his back; intense nausea and for forty-eight hours persistent vomiting but no headache. I do not know whether the vomiting was projectile or not. At the end of the second day there appeared a coarse eruption on his body, and about that time an iridochoroiditis set up

with result of complete loss of vision. I do not know just how long the eruption lasted, but it disappeared, and the joints then began to swell and were tender as well as painful. He gained after that some in general strength; his eye trouble going on from bad to worse, if not already as bad as could be. A week after that time he was able to walk a couple of blocks and went out two or three times. It was then discovered that there were symptoms of heart failure, pulse being rapid, irregular and weak, and it was found best to continue in bed. This evening after three weeks, he is scarcely able to be out of bed; very little appetite, still emaciated, growing weaker. I think he is probably weaker than he has been at any time previous. Mind has been clear except that he had delirium at the beginning of the fever.

The question is, what is the diagnosis, what was the cause of the condition? The diagnosis has been provisional; no certain conclusion having been reached. If cerebro-spinal fever, which I rather think it was, the absence of headache at any time makes it an exceptional case. The chill and vomiting were typical of this trouble. In certain cases of cerebro-spinal fever the disease has been mistaken for rheumatism owing to the pain and swelling of the joints. Swelling of the joints subsided after the eruption disappeared; there is weakness and indications of blood degeneration as shown by the debility and the irritability of the heart, etc. No trouble about the kidneys as far as I can learn.

DISCUSSION.

DR. J. M. RAY: This young man was taken sick on Tuesday; Dr. Cottell saw him first. At the time measles was quite prevalent among the students and the suggestion was that it was possibly a case of measles. Later the spots became much larger than the eruption of measles, and it was suggested that they resembled very much, varioloid. I was called to see the patient. I found him complaining very much about his eyes, intense fear of light and great conjunctival injection. He was in a darkened room so that it was impossible to make a thorough examination. I did not have my ophthalmoscope with me, but opened the window and tried to reflect a light upon the eye, but he was so intolerant to light that I did not succeed in

getting a close examination. The pupil failed to respond well to light. I did not make any diagnosis, but ordered atropia and hot applications. When I saw him again the anterior chamber and everything in front of the pupillary space was blocked with pus. Coming on so rapidly I knew that such an inflammation would probably be disastrous to sight and gave an unfavorable prognosis. The eruption still continued and there was on the arms and chest large, dark, diffuse spots similar to hemorrhagic measles. The eye symptoms went on without varying their course until the entire tract was involved in an extensive inflammatory condition, and infiltrated throughout with lymph and pus. I made an incision through the cornea letting out the pus, and washing out the anterior chamber as well as I could. The pus was so thick and so mixed with lymph that a quantity was pulled out with forceps and cut off. The eruption took a peculiar course; the second time I saw the case I noticed large purplish spots and about the same time the wrist and elbow joint became involved. The elbow swelled until it was much larger than normal, also the fingers and wrist joint became involved. On the chest and along the legs there were large elevations which were very red and tender on pressure. The toe joints also became inflamed and very tender. These subsided without evidence of pus formation. His mother says he had measles when a child. There was a child in the house about two years old that has never had measles and this child played around the room and has not developed measles. In conclusion I would say it is evident that the purulent condition in the eye is secondary to some constitutional trouble, but just what I am unable to say. I have seen similar conditions following cerebro-spinal meningitis.

DR. C. W. KELLY: What was the pulse?

DR. J. M. RAY: The temperature ran up to 103° F. I never noticed particularly as to the pulse (as several physicians saw the patient) until after the general symptoms improved and I was left in charge of the case, then I watched the pulse and noticed one day it went up to 120°; very irregular and weak. I asked him about it, and he said he had noticed his heart had been out of fix at times ever since he had been sick; on this particular occasion he said he thought he had used too much atropia

in the eye producing this rapid and weak pulse.

DR. S. G. DABNEY: Rheumatism would be the first thought in my mind. The eye symptom developing in connection with inflammation of the joints, fever, heart disturbances, etc.—I have seen symptoms very similar to those following rheumatism. I think a number of us saw such cases about a year ago. I reported one case to this society at that time, occurring in a young lady. I believe rheumatism is often accompanied by an eruption of this character, and would like to ask the question if this is not the case.

DR. J. M. RAY: The joints were not sufficiently reddened and sufficiently tender to suggest acute articular rheumatism. I understand there is no rheumatic history and purulent eye disease is not characteristic of any form of rheumatic trouble with which I am familiar. If it be rheumatism the eye disease is more likely to be simply plastic.

DR. C. SKINNER: In answer to Dr. Dabney's question in regard to rheumatism: I have seen several cases of rheumatic trouble attended with spots on the skin. Very frequently there is a great tenderness of the joint and occasionally intense pain, still no swelling or redness. I want to mention one case that I have seen within the last two weeks, which is just like the one reported except the eye symptoms. Dr. Rodman will remember I asked him to assist me in the enucleation of a tumor of the axillary space in a child which operation did not materialize. I was called to see its mother, a lady suffering from an attack of rheumatism; I saw her with pain in both wrists and both ankles. The second day after the first manifestation she called my attention to a number of spots over her arms; upon further examination I found these spots extended over the whole body especially on the legs and thighs, large red spots, tender and very sensitive. I made diagnosis of acute articular rheumatism, and put her on salicylate of soda in very heavy doses. The symptoms partially subsided but did not entirely leave her until I stopped the salicylate. I then gave her bicarbonate of potash; there was some nausea possibly due to the fact that she was taking so much medicine. For a day or two her temperature was 102° F. There was no photophobia or condition of the

eyes to attract marked attention; and no headache, that I could attribute to the rheumatic trouble.

DR. A. M. VANCE: It seems to me the case referred to by Drs. Smith and Ray must have had some marked septic origin; (I believe this theory has not yet been mentioned) septic material introduced from without even through very small inlets might give rise to the symptoms present in a very short time. I feel sure that this must have been the cause of the trouble.

DR. J. G. CECIL: I believe that the case referred to has something to do with quite a number of very obscure cases that I have heard of recently. I have seen three or four lately that while they were not in every respect similar to this case, in some respects they were. I was called by one of the students at the University to see a young lady who had come in town to attend the commencement exercises last week. On Tuesday she was seized with quite a violent attack of fever accompanied with intense nervousness and headache. When I saw her temperature was $104\frac{1}{2}$ to 105° F., she had exquisite tenderness about the wrist joints and very slight redness. The case looked to me like one of acute rheumatism and I so expressed myself, put her upon a course of salicylate of soda after having given her a purg. The fever went down rapidly and never rose again; she went home to-day practically well without any further manifestation of the rheumatic symptoms. In the same house a student of the University was also afflicted at the same time with very nearly the same symptoms; intense headache, nausea, vomiting, high fever and delirium. I did not see this case but was told by Dr. Goodman about it. A week ago I was called to the country to attend the daughter of a physician well known to most of us, who was seized very suddenly with intense fever, 106° F. and delirium from the start, very much impressed and remained so for two or three days. I saw her on the third day of the illness, temperature then 105° F., she had some tenderness about the ileo-caecal region: It was feared she was developing appendicitis, or there was some obstruction of the bowel, but this afterward proved not to be the case; the fever likewise went down gradually without any special attempts at reduction by

medication, and she is about well now. So it seems to me there is a peculiar class of fevers—I do not know whether they should be called fevers or not—but of diseases that are prevalent at this season of the year, which I cannot understand. I do not know what they are. All of them thus far that have come under my observation have terminated favorably. Some of the cases have been diagnosticated one thing, and some another and I believe I have been disappointed in the diagnosis of every case. I have been forced to the conclusion that they are irregular or unusual forms of grippe. None of the cases referred to by me have shown any special eye symptoms.

DR. D. T. SMITH: I have seen three cases of a similar character to those reported by Dr. Cecil, within the last week, the initial symptoms in every case being intense pain, headache and fever. I have been a little backward about saying it, but I have not been able to classify them except by supposing that there is a mild form of cerebro-spinal fever prevalent in the city.

As to the case of the student Dr. Bolling: The vomiting and chill would not indicate rheumatism; this disease never commences with persistent rigor. Rheumatism never commences with persistent uncontrollable vomiting lasting forty-eight hours. I think cases of cerebro-spinal fever must have been mistaken for rheumatism on account of the joint involvement. Taking into consideration all the symptoms in the case reported by me, and those referred to by the several speakers, I am very strongly inclined to the opinion that the trouble is cerebro-spinal fever.

CASE OF APPENDICITIS—OPERATION—DEATH.

DR. A. M. VANCE: I was called by Dr. McDermott at three o'clock yesterday to see a gentleman; German; forty-nine years of age; very fleshy. He gave the history that in January he had some bowel trouble which yielded to castor oil and he recovered. In February he had another attack preceded by diarrhoea which was relieved. For a week prior to the time Dr. McDermott was consulted (he was called sixteen hours before he asked me to see the case) the man had been feeling a little "out of sorts," but he thought it

was an attack similar to those he had formerly suffered with and kept around attending to his business. At five o'clock Wednesday afternoon he was taken suddenly with great pain in the abdomen, and he got up stairs with difficulty and went to bed. Dr. Geo. F. Simpson was called in and gave the man a hypodermic of morphine, Dr. McDermott came several hours later and found the man with marked symptoms of shock; he made diagnosis then of probable appendicitis. It was necessary to administer more morphine on account of the severe nature of the pain, salines were given without result, pulse gradually increasing in frequency, temperature 103° F. at one time. I saw the patient at three o'clock yesterday, found temperature $101\frac{1}{2}^{\circ}$ F. pulse 120, abdomen very much distended, great rigidity of the abdominal muscles, considerable tenderness over the whole area of the peritoneum, tenderness being particularly referred, however, to the McBurney spot. We advised an operation at once; Drs. Roberts, Kelly and Anderson afterward saw the case. Last night at seven o'clock the abdomen was opened; an incision was made between the anterior superior spinous process of the ilium and the umbilicus. The man was very fat, fully three inches of adipose tissue was encountered before the true wall was reached. As soon as the peritoneum was punctured pus came out in considerable quantities. With some little difficulty the appendix was found and removed. At time of the operation the man's pulse was 128. The appendix was quite small and as it was lifted out the distal end was torn and separated, but before it was torn Dr. Roberts and I detected a perforation about the size of a match in the lower portion. The two pieces of appendix have been carefully put together by Dr. Anderson and you can plainly see signs of great localized congestion and make out the perforation. The appendix between this congested end and the cæcum was very small and white. The man had general suppurative peritonitis, rupture having taken place probably at five o'clock day before yesterday afternoon when the severe symptoms developed.

This instance shows how treacherous these cases are and how important it is to make early diagnosis if possible, so that relief may be obtained by surgical proce-

dures. I have operated twice recently where perforation of the appendix was about to take place, and the patients recovered; I have operated twice where perforation had already taken place and both patients died. This man died four hours after operation in shock. He secreted very little urine for several hours prior to operation, and two hours after the operation had been performed I catheterized the bladder and drew off about an ounce of urine; I examined it and found albumin.

DISCUSSION.

DR. T. L. McDERMOTT: Dr. Vance mentions two cases of appendicitis in which he operated before perforation took place and in which the operation was successful; also two cases in which perforation had taken place which were not successful. This is the point I want to call attention to. I have had in the past week two or three cases of colic in which there was evidence of as much distress as this patient had. I have frequently had cases of colic in which there were symptoms apparently just as severe as have been found in cases where appendicitis has been made out and where peritonitis has followed, and it has been a serious question in my mind whether often in cases where appendicitis has been diagnosticated they were not purely cases of colic. While this man had the general symptoms of appendicitis still, owing to his having had several similar attacks and owing to the peculiar condition of the patient, I did not feel that I was justified in saying so positively and advising operation. I do not believe if Dr. Vance had been present when I first saw the patient, he could have said positively that it was appendicitis. The question is whether it is wise to recommend an operation as serious as a laparotomy in cases that may prove to be nothing more than ordinary colic. I am sorry now, however, owing to the fatal outcome of the case, that Dr. Vance did not see the patient with me early in the attack; still as I had treated this patient in several similar attacks, I had no reason to believe that relief would not follow ordinary treatment as had been the case on previous occasions. How can we discriminate in these cases between ordinary colic and appendicitis when the symptoms are often identical. The responsibility is very great and certainly it would be a

mistake to go into the abdomen in ordinary colic. It is a serious question in my mind whether laparotomy is indicated in these cases. I do say frankly, however, that in the two cases upon which Dr. Vance operated, I believe the result would have been the same with or without operation. While I am a little chaotic in regard to these cases, I believe in another case I shall summon consultation earlier, but in the case reported I do not think operation would have been successful had it been performed earlier. The operation was performed twenty hours after the seizure, four of which were necessarily lost in the attending consultation and subsequent preparations.

DR. TURNER ANDERSON: In the case reported I do not see how it would have been possible to have made a diagnosis that would have justified a laparotomy earlier than was done, especially as the patient was able to be up and attend to his business only a few days prior to his death, and, further, as he had been subject to frequent attacks of abdominal trouble which yielded promptly to the ordinary treatment.

DR. A. M. VANCE: I do not believe it is ever possible to tell just exactly the condition we will encounter when the abdomen is opened, but I do think diagnosis can be made with sufficient accuracy to justify operation in nearly every case. Drs. Anderson and McDermott, in my opinion, have both laid too much stress upon the dangers of a laparotomy. It is now a well established fact that laparotomy in competent hands and under favorable surroundings is a comparatively safe surgical procedure, and the operation performed last night, had it not been for the patient's serious condition, could have done no possible harm. Therefore, I think in the not far distant future all of these cases will be operated upon in the stage that Dr. McDermott first saw this patient. I believe that these cases ought to have the benefit of the doubt and a laparotomy be done for the purpose of diagnosis; I believe that this will eventually be the practice.

In regard to the differential diagnosis—I would not be so presumptuous as to say positively in every case that I could tell exactly the conditions that would be encountered when the abdomen was opened, but I cannot think of anything else but

perforative appendicitis or perforation of the bowel owing to some other cause that would produce general peritonitis in the male except traumatism. Of course the perforation of typhoid fever is not considered in this case, as there is no such history. Dr. McDermott made the diagnosis of appendicitis when he first saw the patient, and I firmly believe if operation had been performed then, the chances would have been very favorable for recovery.

Treatment of Hip Disease.

Townsend (*New York Med. Jour.*) considers this subject under the following heads:

1. General Treatment.—Improve the hygienic surroundings, out-of-door life, change of residence to the seaside or mountains, tonics and cod liver oil.

2. Local Protection to the Joint.—Two methods—rest in the recumbent position, and immobilization by the aid of a splint while the child goes about.

3. Treatment of Abscesses.—Free opening is preferred when abscess is large, followed by scraping and treatment by iodoform, guaiacol or balsam of Peru.

4. Correction of Deformity.—By (1) rest in bed with extension; (2) immobilization of the joint; (3) forcible correction without an anæsthetic; (4) correction under an anæsthetic. The first two methods are preferred.

5. Excision.—Except in rare cases, excision should be restored to only when abscesses are extensive, destruction of bone great, or the hip of the patient endangered by excessive suppuration or amyloid changes. Koeig's statement, that four-fifths of all patients with tubercular joint disease have also other forms of tubercular disease, is probably an over-estimate; but one of the principal arguments in favor of excision has been much weakened since it is now known that but rarely the bone lesion is the only focus. The author considers that excisions are seldom called for.

Alcoholism (Chronic).

Dr. Gerhard recommends the following:

R	Tincturæ capsici.....	
	Tincturæ zingiberis ãã.....	℥i.
	Tincturæ valerianæ ammon.....	
	Tinct. gentianæ comp. ãã.....	℥i.

M. Sig. Take a dessertspoonful in a teacup of hot tea three or four times a day.

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SATURDAY, MAY 27TH, 1893.

EDITORIAL.

A GRATUITOUS INSULT.

We recently received a circular letter from a medicine company offering "a splendid chance to make money, a chance of a life-time to secure a fine business—honorable, legitimate and large paying." A yellow folder contained information and encouragement to prospective agents and gave a list of premiums ranging from a five-shot revolver to a "gent's solid gold hunting-case watch." References were given to a number of business houses and individuals, including several whose names one would scarcely expect to find in such a list. Accompanying the folder was a copy of *The Medical News and Literary Casket*. Passing over the literary gems, we are more interested in the announcement of Dr. So-and-so's Cascara Compound, his King of Pain ("for aches, pains and soreness of all kinds, external and internal, also wonderfully curative in cholera morbus, diarrhoea, dysentery and all looseness of the bowels"), his celebrated liver pills and several other proprietary

compounds bearing the names of other "doctors." The last page of this periodical is filled with reports of wonderful cures by physicians, clergymen and others. One fond father writes "I had a child that got so bad with worms that they crawled out of its nose and mouth. I used a box of the worm confections which knocked them stiff and I have all reasons to believe, saved the child's life."

After the first feeling of amusement passed away, we confess to a growing resentment at the audacity of a company which requests physicians in good standing to act as peddlers of its nostrums and which boasts "We point with pleasure to the fact that among our agents are found many of the most successful physicians of the country." Yet we can hardly deny that this assertion has some foundation in fact, since we find frequent instances of regularly graduated physicians engaging in all sorts of quackery and since men of renown in the profession lend their influ-

ence to the use of secret compounds whose only plea of respectability is that they are not openly advertised to the laity. It goes without saying that shrewd business men will not waste printing and postage in scattering their advertisements among medical men unless they have good reason to believe that, in a profitable proportion of cases, a favorable response will be made to their overtures. The responsibility of this deplorable state of affairs rests not with the medical profession as a whole but with the men who grant diplomas and who admit uneducated, almost illiterate students to medical colleges. If a decent general education were a prerequisite to matriculation in every medical school and if a thorough acquaintance with strictly medical studies were required before graduation, there would be little trouble in drawing the line of demarcation between legitimate practice and nostrum-vending, without fear that the latter would encroach upon the former.

Professional dignity is not, however, the only sufferer from the patent medicine evil. The people who contribute so lavishly their praises of panaceas, and who allow themselves to be snatched from the grave with such facility, after having been given up by several prominent physicians, are the real victims. There are certain proprietary medicines which are in themselves good enough prescriptions; for example, several pleasant laxatives, an English gout remedy, and a brand of quinine pills without which, it is said, that southern Michigan could never have been settled. Even these nostrums, however, are good only when compared with their viler rivals. The first need of a sick person is good medical advice and diagnosis, and the second properly adapted medicines. We can scarcely imagine if a tailoring house should advertise clothes of the best quality expressed at reasonable rates to any one who should order them

by measure, that many persons would feel confident of their ability to fit themselves. But in the case of quack medicines, not only do people show the blindest confidence in the quality of the preparations advertised, but with the most amazing facility they make diagnosis of kidney and liver trouble, consumption and malaria. Fortunately for their vanity if not for their health, the misfits between the measurements of the needs of their internal organs and the ready-made cure-alls are not so apparent as if they were worn on the back.

Another and more dangerous class of proprietary medicines is illustrated in the "King of Pain," for internal as well as external use, with which prospective medical agents are to perform deeds of philanthropy while acquiring a fortune for themselves. We can look with some degree of equanimity on sarsaparillas and other tonic nostrums but we must remember that a medicine advertised to remove a definite and easily recognized symptom must contain a large dose of a powerful drug. Headache powders are likely to contain excessive amounts of acetanilide and cocaine, while the diarrhoea and pain medicines are, almost without exception, opiates.

In our opinion, the laity are themselves responsible for the existing state of quackery. Privately and publicly have they been warned against this evil. Individual avoidance and concerted prohibitory legislation lie entirely in their power but as long as they prefer to attribute arguments of the regular profession to selfish motives, quackery will continue to flourish. While, however, we may resign ourselves to the inevitability of the patent-medicine business, we, at least have the right to demand that it shall keep aloof from the regular profession without attempting to proselyte our weaker brethren.

TRANSLATIONS.

Contributions to the Pathology of Psoriasis.*

The author, Dr. J. Schutz, reports a hundred cases occurring in his private practice—66 male, 34 female. Ninety-five cases ranged between the years of 9 to 24. One had arrived at the age of 64. Three occurred in the second and one in the third year.

A history of heredity was present in 28 cases; in all cases without exception there was a profuse growth of hair, particularly on the outer side of the arms and shoulder blades. The color of the hair was black in 18, dark brown in 57, light blond in 25. The complications met with, were acne (6 times); lichen pilaris of the extensor surfaces of the extremities, (4 times); furunculus of the neck, (5 times). Eczema was never noticed. One patient suffered from diabetes, two from tuberculosis. The seat of eruption was not uniform as a rule; generally, however, the plantar and palmer surfaces, the upper eye-lids and mucous membranes are not attacked. The extension of the eruption is usually symmetrical; a return on a previously cured location presents greater difficulties for treatment.

The eruption seems to have a predilection on surfaces where the integument is stretched, or where the bones are immediately under the skin. The cranium was the seat of primary attack in 36 cases and in 11 cases it began primarily around the nails (Psoriasis of the matrix of the nail.) In a case in which there was a return two (2) consecutive times, acute articular rheumatism accompanied the last attack. This confined itself to the larger joints. One joint of the arm became partially ankylosed. Bourdillon reports similar cases.

In another case in which there were two (2) consecutive returns, bronchitis formed one complication and at the other time ischiatic pains were present.

Microscopical investigations of the patches showed a deep infiltration extending down to the papillæ, which on removal would bleed readily.

The redness of the attacked portions was not due so much to hyperæmia as to the atrophic changes which allowed the blood vessels to be nearer the surface. Another factor was the diminution of keratohyalin.

The occasional presence of odema in the connective tissues was regarded as a passive engorgement. Prognosis was favorable in those cases which had not been previously treated or had had but few returns. Complicating eczemas resulting from irritating applications, usually prolonged the cure, and predisposed to return.

The author concluded from his observations that it was better to err on the side of too little treatment than too much. Duration of treatment extended over a period of 4 to 11 weeks and consisted in the use of tried remedies; arsenic, tar, chrysarobin, pyrogallie acid, which usually proved satisfactory.

The history of two cases particularly interesting from the fact that a change of climate to a higher altitude, always brought about a spontaneous cure, the disease having attacked the entire body.—*Arch. f. Dermatol. u. Syph.* xxiv, 1892.

Collection of Statistics on Anæsthesia*

During the current year fifty-eight reports have been made by Gurlt of Berlin upon this subject, many of which were collected in foreign countries.

The total number of cases anæsthetized are 57,541, of these 11,464 nitrous oxide was used in dental practice of the University of Berlin, and will be excluded from the following statistics. During the two first years of the collection of statistics on this subject, the figures stood at 157,815, among this number there were fifty-three deaths, making in all about one death in 3,000 cases of anæsthesia.

Viewed from the standpoint of different anæsthetics in relation to their mortality, we have the following figures; 1:2899 in chloroform, 1:4118 in chloroform and ether, 1:4538 in bromide of ethyl, 1:199 in pental.

With the use of absolute pure ether in 14,506 anæsthesias there has been no death recorded. These results encourage further use and investigation of ether narcosis.

Küster of Marburg and Trendelenburg of Bonn, express themselves in favor of ether as an anæsthetic.—*Müch. Med. Woch.*

*Translated for THE MEDICAL AND SURGICAL REPORTER by Marie B. Werner, M. D.

Exanthemata During the Puerperium.*

Among 144 obstetric cases by F. Ahlfield at Marburger Clinic between December, 1880 to April 1892, the author observed 14 cases of rash resembling scarlet fever or measles occurring during the puerperium. In one case it attacked a patient who had undergone abdominal section. The rash was present in two (2) cases on the 2nd, 3d and 4th day after delivery; once on the 5th, 6th, 7th and the 8th day. It appeared twice as late as the 10th day and once on the 15th day.

The time of eruption and fever corresponded to the usual appearance of puerperal affections. In several cases other puerperal symptoms were noticed immediately after the appearance of the rash.

The author, however, regarded it more as a complication than a sequence.

He concludes that these questionable cases, have nothing, or little, to do with scarlet fever or measles proper, and is reinforced in this belief by Mannkopff, who failed to trace it back to any source of infection, and further that no others were attacked by the same disease.

The author concludes then to place these under the head of septic exanthemata, believing that it is due to a peculiar poisonous product, and asks the question, why should not, among the numerous micro organisms which are found in the lochia, certain ptomains be present, which would have peculiar property of producing these exanthemata?—*Ztschr. f. Geburtsh. u. Gynal.* xxv, 1-92.

ABSTRACTS.**A PRELIMINARY COMMUNICATION CONCERNING THE ANTISEPTIC VALUE OF PHENOCOLL HYDROCHLORIDE.**

Carl Beck, in the *New York Medical Journal* April 22, 1893, writes: Bearing in mind the derivation of the well-known drugs—acetanilide, phenacetine, and phenocoll—it ought to appear natural, from a theoretical standpoint, that these descendants of a typical antiseptic should have preserved their characteristic germicidal qualities. Led by this consideration, I determined last summer to examine these drugs in reference to their antiseptic value from a practical standpoint by applying them on all kinds of wounds and ulcers in the shape of powders, solutions, ointments and gauzes in private practice, as well as at St. Mark's Hospital and the German Poliklinik, with the assistance of Dr. Stiebeling, Dr. Heyman and Dr. Handel.

My experiments have shown that all the drugs mentioned above possess a well-marked antiseptic power.

Acetanilide keeps a fresh, clean, or well granulating wound in a good condition, but is of little influence upon infected wounds or upon ulcers. It does not seem to produce irritation or eczema, and may

rank the same as boric acid. (Experience of seven cases.)

Phenacetine is undoubtedly more powerful, and not only keeps fresh or well granulating wounds in a good state, but improves their appearance. A ten per cent. gauze did not have any odor three days after it had been taken away from an ulcer of the leg. Poisonous effects, irritation or eczema were never noticed. So far as its antiseptic value is concerned, it appears to me that it takes its place between boric acid and iodol. (Experience of thirteen cases.)

But I soon found that phenocoll far surpassed both, wherefore, for the last three months, I have experimented with this only, in the form of—

1. Pure powder.
2. Five per cent. watery solution.
3. Ten and fifteen per cent. Alcoholic solution.
4. Ten and twenty per cent. gauze.
5. Ten and twenty per cent. ointment (vaseline and anolin).

Originally I only used the powder by dusting it over the wound surface and covering the same with sterilized gauze or moss. It was employed in lacerated

*Translated for THE MEDICAL AND SURGICAL REPORTER by Marie B. Werner, M. D.

wounds (five cases), suppurating glands of the neck (three cases), bubo inguinalis (two cases), badly granulating ulcers of the leg (two cases), suppurative mastitis (one case), amputation of three toes (one case), burn of the second degree, embracing the dorsal surface of the foot and anterior part of the leg (one case).

All these sores had been granulating well, and, with the exception of one amputation case, are cured to-day.

No irritation of the integument or any general symptoms which could be referred to the action of the drug were observed. When I found that I could do just as well with the ten per cent. gauze, I dropped the powder and for the last two months, with few exceptions, have used the gauze only.

The same good effects were obtained by covering the granulating surfaces with a thin layer of the gauze, which was protected, as a rule, by a piece of sterilized moss. The dressings were usually changed every third day, as the secretion was scanty. The cases thus treated were:

Lacerated wounds caused by knives, pieces of glass, splinters of wood, or other injury (fourteen cases); extirpation of tubercular glands of the neck (packing the cavity with the gauze—eight cases); furuncle of the neck (crucial incision—two cases); caries sterni (chiselling and packing—one case); suppurative mastitis (broad incisions and packing—five cases); partial resection of a tubercular elbow joint (packing—one case); paronychia (eleven cases); amputation of the finger (gangrene after bathing in pure carbolic acid—open treatment and packing); bubo inguinalis (extirpation of glands—four cases); resection of tubercular hip joint (partial union, cavity packed—three cases); total resection of tubercular ankle joint (two cases); resection of astragalus for extreme equino-varus (failure of union by first intention, open treatment thereafter); amputation of the big toe for caries (open treatment); amputation of three toes for caries (previously treated with powder); phlegmon of different parts of the body (free incision, scraping and packing—seventeen cases); ulcers of the leg; necrosed surface scraped first, then a thin layer of phenocoll gauze and tight dressing applied over it—three cases).

All these cases are either cured at the present time or are in an entirely satisfac-

tory condition. The healing process does not differ from that observed during the use of iodoform. Every patient's urine was examined repeatedly without anything abnormal being detected, and no irritation took place. Two cases—viz., one amputation of three toes and one phlegmon of hand, mentioned above—had formerly been treated by iodoform and had extensive eczema, while phenocoll did not irritate at all.

The five per cent. watery solution was successfully applied as a wet application in one case of dermatitis and in one case of erysipelas (arising from a lacerated wound on the anterior part of the leg). The same solution was used with apparent success in three cases of recent gonorrhœa and four cases of leucorrhœa.

The ten per cent. alcoholic solution was injected into the joints in two cases of coxitis and three cases of tubercular (?) inflammation of the ankle joint, without any irritation. So far as the final result is concerned I am still in doubt.

The same injection was made into a carcinoma mammae (relapse in and around the scar after amputation a year ago), and it has undoubtedly produced a decrease of size and painfulness in the cancerous tissue, so that further investigations seem certainly indicated.

The injection of a watery, and especially of an alcoholic solution was always followed by a slight burning sensation, which never lasted longer than about a minute.

The twenty per cent. ointment (preferably made with lanolin) was used in one case of ulcer of the leg and two cases of burns of the second degree. The granulations were of a good character, but the healing process seemed to take longer than it did under the use of the gauze.

So far it seems to be evident, from my experiments, that phenocoll hydrochloride is probably as valuable an antiseptic as iodoform, and stronger than dermatol, aristol, iodol, pyoctanin, eucrophen, etc.

Furthermore, it probably surpasses iodoform because: 1, it is odorless; 2, it dissolves easily; 3, it does not produce eczema; 4, it is not contraindicated in kidney disease; 5, on account of its non-poisonous effects it can be applied to very extended surfaces.

As a very small amount of the drug fulfills its purpose, the expense is small.

THE LIBRARY TABLE.

Diseases of the Skin, by Charles C. Ransom, M. D., Assistant Dermatologist, Vanderbilt Clinic, New York. The students' Quiz Series; Philadelphia: Lea Bros. & Co., \$1.00

This volume, like the others of the series, is arranged in the form of question and answer. Several wood cuts illustrate, as well as uncolored illustrations can, the prominent features of some of the rarer forms of skin eruption. An appendix gives many useful formulæ for the treatment of skin affections. The volume is fully up to the excellent standard of those which have preceded it and very well fulfills the purpose for which it is intended—a remembrancer for the student and busy general practitioner.

Medical Pocket-Atlases—Obstetrics. Part I, Labor; by O. Schaeffer, M. D., Assistant at the University Frauen-klinik in Munich. Translated and published under the supervision of J. Clifton Edgar, M. D., Adjunct-professor of Obstetrics in the University of the City of New York, etc. New York: L. Hydel.

By means of a series of 98 colored plates, the student is conducted through the different stages of labor; the positions of the fetus in the various presentations, normal and abnormal, shown, and the steps of the operations of turning and the application of the forceps clearly pointed out. The explanatory text is concise and plain and the book puts a series of plates into the student's hand that cannot fail to be of great service to him and the moderate cost of which serves to enhance its value. The volume is of such a size as to be readily carried in the pocket. Other similar atlases on the subjects of pregnancy and gynecology are in preparation. The imparting of knowledge by means of pictures may be a reversion to primitive methods, but the information thus gained is likely to take a deeper hold on the student's mind and makes a more lasting impression than many pages of dry description. The authors and the publisher are to be congratulated on their work and we look with interest for the other volume of the series.

BOOK REVIEWS.

Handbook of Hygiene and Sanitary Science, by George Wilson, M. A., M. D., F. R. S. Edin.; pp. 751. Philadelphia: P. Blakiston, Son & Co., 1892. Price \$3.25.

This is an instructive work, notwithstanding its localism, applicable more to

Great Britain than to America, and its attempt to technique without sufficient data to aid the general practitioner of medicine and at the same time falling short of being in the least instructive to the specialist. For instance on page 240, section III., Microscopical and Biological Examination in Water Analysis, he says: "A ready method is to take a measured quantity of the water, say .5 or 1 c. c., mix this in a test-tube with nutrient gelatine, and pour over a glass plate, which should be placed under a bell-jar with suitable precautions to exclude the entrance of atmospheric impurities. After a few days the micro-organisms or spores develop into colonies which may be differentiated as bacteri, moulds, fungi, etc., while sub-cultures of these colonies may be made if deemed desirable."

Owing to the rapid strides in this branch of science and the growing appreciation by the medical profession of the necessity of higher education in Preventive medicine a new edition of Wilson's Manual of Hygiene has long been demanded. The work is broad and comprehensive, on the etiology of the disease, particularly in relation to the germ theory on the functions and constituents of food stuffs, dietaries, diseases which render the flesh of animals unfit for food, air and its impurities, impure water and its effects on public health making it together with its interesting bibliography one of the most valuable Handbooks of Hygiene and Sanitary Science for the general practitioner of the present day.

A Pharmacopœia for Diseases of the Skin, by James Startin. Third Edition. London: H. K. Lewis, 136 Gower Street, W. C., 1892.

This little book contains a concise formulæ; baths; rules of diet; classification and therapeutical index; giving various medicines and drugs commonly used in the treatment of skin eruptions. That this little book should have reached its third edition is ample proof of its appreciation not only by the student but the medical practitioner as well. It will be found of greatest assistance to Medical Practitioners engaged in active practice; as diseases of the skin, more than any other human maladies, are under the patients' observation, so as to enable him to detect an error and judge of his own progress, and perhaps no branch of medical education is more appreciated by the sufferer or more useful to the medical practitioner.

CURRENT LITERATURE REVIEWED.

THE MONTREAL MEDICAL JOURNAL

For May contains a discussion on tuberculosis in its various relations.

D. McEachran, F. R. C. S., V. S. Edin., D. V. S., contributes a paper on

The Inter-communicability of Tuberculous from Animals to Man and from Man to Animals.

After reviewing the work of the various investigators of the subject, the author comes to the following conclusions: (a) Tuberculo-

sis is an infectious, fatal and incurable disease. (b) It is communicable from man to animals, and has been communicated by inoculation, by ingestion and by inhalation in the dried form of the sputum of consumptive persons, as well as from the tubercular matter itself, to cattle and to man himself. (c) Tuberculosis in man is identical with tuberculosis in the bovine and other domestic animals, is due to a slender rod-shaped bacillus, which gaining entrance to the circulation by means of milk, flesh, sputum moist or dry, work their destructive operations in various tissues of the body, not in the lungs only, as is often supposed, but in the serous membranes, pleura, peritoneum, thoracic and abdominal glands, or superficial glands of the body, especially the udder, testicles, thyroid, parotid and other glands, and not unfrequently in the subcutaneous tissues in various parts of the body, in the meninges of the brain and spinal cord, and in the human subject, frequently in the intestinal tract, and in many cases in animals it affects the articulations.

The author knows of no country where cattle are domesticated in which tuberculosis does not exist. Statistics go clearly to show that it is on the increase. The manner of the spread of the disease among cattle is as follows: A tuberculous animal, bull or cow, is introduced to the herd, the bacillæ are coughed up, provided the lungs be the seat of the tubercular formations. The sputum may mix with the food in the trough in front of the adjoining animal and thus be swallowed; it may dry on the hay, feed-box or boards to be inhaled; in the former case it may develop mesenteric tuberculosis, in the latter pneumonic or thoracic. It may be, if a cow, that other calves besides her own are fed on her milk, which containing the tubercular bacillæ, they become infected. If a bull, he may in the act of coition transfer the bacilli to the cow. No more frequent source of extensive spreading of the disease exists than tuberculous bulls. The calf is sometimes born tuberculous. He has seen cases where the placental membranes were studded with grape-like tubercles.

It is generally said to be hereditary—it is, but more frequently the calf contracts the disease from its tuberculous mother's milk or coughed up bacillæ. It is generally supposed that the milk will not communicate the disease to the calf if the udder is not tuberculous. This is an erroneous and a dangerous doctrine, and in connection with the communication of the disease by means of milk to mankind should be strongly rejected.

The author looks for much good to result from the use of tuberculin as an aid to diagnosis in doubtful cases. The manner in which the disease extends to man through milk also receives careful attention from the author. He especially warns the profession against the commonly received doctrine that milk is free from harm unless the udder be tuberculous.

Dr. J. G. Adami discusses the subject of

The Communicability of Tuberculosis from Man to Man,

quoting the results of various researches in

this direction. Especially striking are those of Cornet among the sisterhoods in Germany to whose lot the nursing of the sick in the hospitals falls.

Taking thirty-eight of these nursing corporations he found that, during the last 25 years, of their total mortality 62.8 per cent., or almost two-thirds, was recorded as being from tuberculosis, while of those members of the corporations dying between the ages of twenty-five and thirty-five no less than 73 per cent. had succumbed to this disease, in place of a little over 40 per cent. in the general population. Or, to put the matter in another light, a German nurse, member of one of these sisterhoods, has at twenty-five the same expectation of life as a woman at fifty-eight in the general population.

If, as Ransome has proved, the breath of a phthisical patient contains the bacilli, *a fortiori* are the bacilli present in large quantities in the sputum, and it is this sputum that must be rigorously disinfected. Not only must this be collected in special utensils and then disinfected and the utensils rendered sterile by boiling daily (or, as some advise, be made of such materials that they can only be employed one day and then be cast into the fire), but the handkerchiefs and bed linen must be washed apart and well disinfected, the habit of promiscuous expectoration must be stopped sternly, and when a patient has died or has left a room then the walls and floor of that room must undergo thorough disinfection.

All these precautions are absolutely necessary, and it is our duty to publish them widely abroad, if the spread of tuberculosis is to be averted. The fact so often noticed of the husband of a tubercular wife contracting the disease is also quoted by the author in support of his opinions. The fact of intestinal tuberculosis occurring most frequently in the young whose principal article of food is milk is spoken of as showing the infectious nature of the milk from diseased cows. The milk he believes to be more infectious than the flesh.

Dr. William S. Morrow contributes a paper on

Masked Tuberculosis,

reporting cases in which the insidious nature of the disease was clearly marked. Koch's lymph, he thinks, may yet have a recognized place in the diagnosis if not in the treatment of tuberculosis. As an aid to diagnosis he regards as of great value the cherry red color given by Ehrlich's diazo solution with certain specimens of urine. He has found this reaction in the urine of milinary tuberculosis, pulmonary phthisis, tubercular cystitis and tubercular peritonitis. It is usually present where absorption of tuberculous products is going on to any extent; and although the diseases in which it may be found are not yet completely worked out, there are certainly not many in which it is so typical as in tuberculosis and typhoid; and he believes we may often get valuable information by the employment of the test in these diseases.

Dr. F. H. Wetmore reports a "Case of Acute Circumscribed Hemiglossitis, with Suppuration." This number concludes with

the address to the Graduates of McGill University delivered by Dr. A. D. Blackader.

THE ANNALS OF GYNECOLOGY AND PÆDIATRY

For May contains a paper by Dr. Howard A. Kelly entitled

My Recent Ureteral Work.

After dwelling on the close relation between disease of the ureters and other pelvic conditions with which the gynecologist has to deal, the author minutely describes the anatomical relations of the structures under consideration and then proceeds to the subject of palpation of the ureters. In regard to this he says: "The ureter can be palpated through the anterior vaginal wall from its terminus in the bladder up to the point where it passes beneath the broad ligament. It is rolled in the loose cellular tissue under the index finger, or often better bi-manually under two fingers, or in advanced pregnancy on the head of the child like a narrow tape or flattened cord, without hardness. It must not be mistaken in this position for the obturator artery or nerve, or the upper border of the levator ani, or fibres of the obturator muscle, or the rim of the foramen. A diseased ureter becomes nodular and thickened, and is peculiarly prone to be mistaken for a cellulitis or an adherent ovary." The author states that many cases treated for cystitis or irritable bladder are in reality suffering from disease of the ureters. An enlarged ureter can also be palpated per rectum behind the broad ligament, and followed up over the posterior pelvic wall. He has also found that "the normal ureter can be traced and minutely examined in the upper part of the pelvic course by introducing a ureteral catheter through the urethra and bladder into the ureter, and carrying it up to or over the brim of the pelvis." His landmark for the upper portion of the pelvic ureter is the internal iliac artery, which can easily be felt per rectum. He does not know of any satisfactory means of locating the abdominal portion of the ureters by surface landmarks. His own method is to "locate the promontory of the sacrum by pressure through the abdominal wall, and from this to locate the point at which the ureter enters the pelvis from three to three and a-half cm., outside of and a little below the promontory; by pressing deeply at this point, the fingers at once recognize pulsations of the common iliac artery, a sign that the correct spot has been found. A large ureter can be felt at this point through thin walls. The patient will always complain of a severe pain, and often a desire to urinate when a sensitive or inflamed ureter is touched." The advantages of catheterization, sounding and dilating the ureters is next dwelt upon, the author reporting several cases of carcinoma, hæmaturia, hydro-ureter, stricture of the ureter, pyelonephrosis, and enlarged spleen mistaken for kidney in which the above procedure was of use. He observes the following routine in catheterizing: "First all the urine in the bladder is drawn off and put to

one side, then the bladder is distended with a methyl-blue solution. It is now evident that if the catheter enters the ureter in the catheterization and clear urine is discharged by the catheter it does not come from the bladder. There is one possible source of error—when the lower part of the ureter is so distended that the water from the bladder backs up into it and so escapes through the catheter; this will be obviated by carrying the catheter still higher up." "The usual method of using the catheter is the one followed by Pawlik, by retracting the posterior vaginal wall and introducing the ureteral catheter into the bladder, and turning its point forward and trying to introduce it by observing the play of the point of the catheter over the anterior wall, as it seeks the ureteral folds. The ureters lie a little above or to the upper part of this fold, one or two centimetres to the right and left of the median line." To estimate the amount of urine from each kidney the catheter is left in position for a definite number of minutes and all the urine passing is caught in a minim glass. From this quantity, added to the amount retained in the catheter, the total amount for twenty-four hours can be readily calculated. The article is illustrated by half tone pictures and wood cuts of the anatomy of the parts and the instruments used.

Dr. Gebhard contributes a "Report on the Progress of Gynecology and Obstetrics in Germany." The paper includes a description of the operation of symphysiotomy and the recent bacteriological observations on the gonococcus in its casual relation to pelvic inflammations.

Dr. J. M. Baldy contributes a paper on "Complications Following Abdominal Section," reporting two cases that died of pneumonia immediately following the section. Another patient had uremia but recovered.

Dr. Carl Crisand discusses the subject of

Dilatation of the Cervix Uteri for Dysmenorrhœa and Sterility.

and quotes the opinions of gynecologists for and against the operation. He thinks that, while the operation has been much abused, it should take its place among the various methods of treating dysmenorrhœa and sterility. The cases should be carefully selected. Unless there is a flexion of the uterus, or a small cervical canal the procedure is useless. Although he prefers rapid dilatation under ether, he had had good results from gradual dilatation once or twice a week for three or four weeks; waiting for the patient to pass the menstrual period and then going on till the next period. The operation should be performed under the strictest antiseptic precautions and it is equally imperative that the patient have perfect rest in bed, and one menstrual period passed through while in bed. We should make sure of the sufficient dilatation of the internal os, even to the extent of rupturing some of the fibres which run around this section of the uterus in a circular manner. The wearing of a glass stem pessary for several months afterwards is also advised.

Dr. S. M. Hogan reports a "Fibroid Tu

mor of the Uterus; Rupture about the Fourth Month; Operation; Post-mortem; Specimen;" which has already been given in THE MEDICAL AND SURGICAL REPORTER for December 3rd, 1892, page 889, in the report of the proceedings of the Southern Surgical and Gynecological Association.

Dr. H. B. Stedman reports a case of "Atresia of the Cervix Uteri following Electrolysis." A sound was pushed through the exudate under antiseptic precautions and the retained secretions liberated. The patient recovered.

In the Department of Pædiatry, Dr. Henry W. Stelwagon contributes a paper on

Molluscum Contagiosum; Impetigo Contagiosa; Ichthyosis.

being the notes from ten years' service (4,131 cases) at the Philadelphia Dispensary for Skin Diseases. In regard to molluscum contagiosum he says, "many of the cases, in fact almost all, tended after a time to spontaneous recovery. In many a mild mercurial ointment, white precipitate ointment usually, vigorously rubbed in, was used; lesions in which there was a tendency to pedunculation were either snipped off or a ligature thrown around them; and in a few obstinate and large sized lesions a puncture, followed by a light cauterization with the stick of silver nitrate, or with carbolic acid applied by means of a pointed stick, was made. In

ichthyosis, "the treatment which gave the greatest alleviation consisted of daily or tri-weekly plain warm or alkaline baths according to the severity of the case, with the supplemental use of a salicylated ointment, 2 to 5 per cent. strength. In two or three of the more severe cases a small quantity of precipitated sulphur, ten to thirty grains to the ounce, was added to the ointment. The most satisfactory ointment base was that made up of equal parts of lanoline, vaselin and lard." As to impetigo contagiosa, "although the disease usually ran an acute course of one or two weeks, disappearing spontaneously, making it difficult to measure the effect of medication, yet it may be stated that treatment had a positive influence. That which gave satisfactory results was either an ointment of white precipitate, ten to twenty grains to the ounce, or a similar ointment containing five to ten grains each of the white and red precipitate to the ounce; it was well rubbed into the lesions, the crusts, if possible, having been first removed with washings of warm water and soap. In cases markedly itchy, and in which, therefore, excoriations were produced, and the disease kept up by autoinoculation, in addition to the above application to the lesions themselves, a lotion of boric acid, with one-half to one and a-half drachms of carbolic acid to the pint, was applied to the parts generally.

PERISCOPE.

NEWS AND MISCELLANY.

National Association of Railway Surgeons—The Annual Meeting.

Following is the programme for the sixth annual meeting of the National Association of Railway Surgeons to be held at Omaha, Neb., commencing Wednesday, May 31, closing Friday, June 2, 1893:

Wednesday, May 31, 10 a.m.

Call to order by the chairman of the committee of arrangements.

Address of welcome; by John M. Thurston, Esq., general solicitor Union Pacific railroad, Omaha, Neb.

Response to the address of welcome; by Dr. George Chaffee, secretary New York Association Railway Surgeons, Brooklyn, N.Y.

Introduction of the president; by Dr. W. J. Galbraith, chief surgeon Union Pacific railroad, Omaha, Neb., chairman of the committee of arrangements.

Appointment of the committee on nominations by the president.

First report of the executive committee.

A report of a case of contusion of the back and abdomen, followed in five months with intestinal lesions; by Paul F. Eve, M.D., surgeon I. & N. R. R., Nashville, Tenn.

Discussion opened by Dr. George J. Northrop, chief surgeon, D. S. S. & A., Marquette, Mich.

Report of a case of fracture of the astragalus; by Robert Burns, surgeon Concord & Montreal, Craigie Burn Wood, Plymouth, N. H.

Discussion opened by Dr. S. L. McCurdy, surgeon P. C. & St. L. R. R., Dennison, Ohio.

Wednesday, May 31, 3 p.m.

Call to order. Reading of the minutes of the morning session.

Report of committee of arrangements.

Report of secretary.

PAPERS AND THEIR DISCUSSIONS—SPECIAL PROGRAMME

Injuries of the cord and its envelopes without fracture of the spine.

1. History; by Dr. George Ross, chief surgeon R. & D. R. R., Richmond, Va.

Discussion opened by Dr. J. H. Murphy, chief surgeon C. St. P. M. & O. R. R., St. Paul, Minn.

2. Anatomical landmarks; Dr. Jabez N. Jackson, surgeon Wabash R. R., Kansas City, Mo.

Discussion opened by Dr. J. B. Murdock, chief surgeon P. C. & St. L. R. R., Pittsburgh, Pa.

3. Physiology of the spinal cord; by Dr. A. P. Grinnell, chief surgeon Central Vermont R. R., Burlington, Vt.

Discussion opened by Dr. J. C. Hearne, surgeon S. C. R. R., San Diego, Cal.

Wednesday, May 31, 8 p.m.

SPECIAL PROGRAMME CONTINUED.

Injuries of the cord and its envelopes without fracture of the spine.

5. Experimental research; by Thomas H. Manley, surgeon Central Park R. & W. R. R., New York, N. Y.

Discussion opened by Dr. B. Merrill Rickets, chief surgeon C. P. & V. R. R., Cincinnati, Ohio.

5. An experimental study of spinal myelitis and meningitis; by Dr. George A. Baxter, division surgeon Chattanooga Southern R. R., Chattanooga, Tenn.

Discussion opened by Dr. Solon Marks, chief surgeon C. M. & St. P. R. R., Milwaukee, Wis.

Thursday, June 1, 9 a.m.

Call to order.

Reading of the minutes of last session.

Report of the committee of arrangements.

Report of treasurer.

Report of nominating committee.

Election of officers.

PAPERS AND THEIR DISCUSSIONS.

President's address; by Dr. C. W. F. Brock, chief surgeon C. & O. R. R., Richmond, Va.

The relation of the railroad surgeon to public and international hygiene; by Dr. R. W. Bruce Smith, surgeon G. T. R. R., Seaforth, Can.

Discussion opened by Dr. G. P. Conn, chief surgeon C. & M. R. R., Concord, N. H.
The National Association of Railway Surgeons.—Not a trade union but a philanthropic and scientific organization; by Dr. E. R. Lewis, surgeon Wabash R. R., Kansas City, Mo.

Discussion opened by Dr. Wm. H. Elliot, chief surgeon Cent. R. R. of Georgia, Savannah, Ga.

Thursday, June 1, 2 p.m.

SPECIAL PROGRAMME CONTINUED.

Injuries of the cord and its envelopes without fracture of the spine.

6. The clinical aspect of spinal localization; by Dr. Nicholas Senn, surgeon C. St. P. & K. C. R. R., Chicago, Ill.

Discussion opened by Dr. E. G. Cochran, surgeon M. C. R. R., Topo Chico, Hot Springs, Mex.

7. Diagnosis from the standpoint of the neurologist; by Dr. C. H. Hughes, consulting surgeon Mo. Pac. R. R., St. Louis, Mo.

Discussion opened by Dr. A. I. Bouffleur, surgeon C. M. & St. P. R. R., Chicago, Ill.

8. Pathology and pathological anatomy; by Dr. Samuel C. Benedict, surgeon R. & D. R. R. Athens, Ga.

Discussion opened by Dr. J. B. Murphy, surgeon N. P. & W. C. R., Chicago, Ill.

Thursday, June 1, 8 p.m.

SPECIAL PROGRAMME CONTINUED.

Injuries of the cord and its envelopes without fracture of the spine.

9. Prognosis; by Dr. Alexander J. Mullin, division surgeon M. C. R. R., Michigan City, Ind.

Discussion opened by Dr. C. M. Daniel, surgeon N. Y. L. E. & W. R. R., Buffalo, N. Y.

10. Treatment; by Dr. W. B. Outten, chief surgeon Missouri Pacific R. R., St. Louis, Mo.

Discussion opened by Dr. W. R. Nugent, chief surgeon I. C. R. R., Okaloosa, Iowa.

Friday, June 2, 9 a.m.

Call to order; Reading of the minutes of the previous session.

Report of the committee of arrangements.

Report of the committee on publication.

Second report of the executive committee.

Election of honorary members.

Miscellaneous business.

Amendments to the constitution.

PAPERS AND THEIR DISCUSSIONS.

A case of injury to the bladder and rectum; by Dr. D. S. Fairchild, division surgeon C. & N. W. R. R., Ames Iowa.

Discussion opened by Dr. A. H. Middelkamp, surgeon Wabash Western, Warrenton, Mo.

The grave importance of too early special treatment in most eye injuries; by Joseph A. White, A. M., M. D., ophthalmic surgeon of the C. & O. R. R., Richmond, Va.

Discussion opened by Dr. Adolph Alt, consulting oculist, Missouri Pacific R. R., St. Louis, Mo.

The responsibility of the surgeon in suits for damages, against railway companies; by Dr. C. M. Woodward, surgeon C. J. & M. R. R., Tecumseh, Mich.

Discussion opened by Dr. J. W. O'Connor, chief surgeon, D. & R. G. R. R., Denver, Colo.

Friday, June 2, 2 p.m.

SPECIAL PROGRAMME CONTINUED.

Injuries of the cord and its envelopes without fracture of the spine.

11. Medico-legal aspects; by Judge J. H. Collins, chief counsel B. & O. R. R. west of the Ohio River, Columbus, Ohio.

Discussion opened by Mr. Clark Bell, editor Medico-Legal Journal and secretary of the International Medico-Legal congress, New York.

12. Statistics of the amount of money paid by the railways of the United States during the last ten years for alleged injuries of the spine; by Dr. F. K. Ainsworth, surgeon S. P. R. d., Los Angeles, Cal.

Discussion opened by Dr. Harvey Reed, surgeon B. & O. R. d., Mansfield, Ohio.

13. Clinical report.

1. From a medical aspect; (a) permanent injuries; (b) alleged injuries.

2. From a legal aspect; (a) settled with suit; (b) settled without suit; (c) miscellaneous; by Dr. George Chaffee, surgeon Long Island R. d., Brooklyn, N. Y.

Discussion opened by Hon. William E. Jones, general claim agent Mo. Pac. R. d., St. Louis, Mo.

General announcements regarding the excursions, with directions, etc., by the chairman of the committee of arrangements.

ARMY AND NAVY.

U. S. ARMY FROM MAY 14, 1893, TO MAY 20, 1893.

Promotion.—*Medical Department.*—Major Johnson V. D. Middleton, Surgeon, to be deputy Surgeon General with the rank of Lieutenant Colonel, May 8, 1893.

Casualty.—Lieutenant Colonel Ely McClellan, Deputy Surgeon General, died May 8, 1893, at Chicago, Illinois.

Appointments.—*Medical Department.*—To be Assistant Surgeons with the rank of 1st Lieutenant, May 12, 1892: Alexander N. Stark, of Virginia; Charles Lynch, of New York; John S. Kulp, of Pennsylvania; Edward L. Munson, of Connecticut; Charles E. B. Flagg, of South Carolina; James M. Kennedy, of South Carolina, Guy C. M. Godfrey, of Ohio; William F. Lewis, of North Carolina.

The leave of absence on Surgeons certificate of disability granted Captain William G. Spencer, Assistant Surgeon, U. S. Army, is extended four months on account of disability.

Captain James C. Worthington, Assistant Surgeon, ordered to report in person to Colonel Chas. T. Alexander, Assistant Surgeon Genl., president of the examining board, appointed to meet at New York City, N. Y., at such time as he may be required by the board for examination as to his fitness for promotion.

Leave of absence for one month on Surgeon's certificate of disability, is granted Major Samuel M. Horton, Surgeon, San Diego Barracks, Cal.

The World's Fair.

FINAL ARRANGEMENTS FOR THE SALE OF TICKETS VIA THE B. & O. R. R.

For the benefit of those desiring to attend the World's Fair the Baltimore & Ohio Railroad will sell Excursion tickets to Chicago and return, at all stations on its line, at low rates. Tickets will be on sale until November 1st, and will be valid for return journey until November 15th, 1893. They provide for a reduction of 20 per cent. below regular rates. These tickets will be valid only for continuous journey. Tickets at higher rates will be sold that will permit holders to stop over at Baltimore, Washington, or any other point, going and returning.

Besides the opportunity of visiting Washington, a privilege afforded by no other route, tourists via the Baltimore & Ohio Railroad will traverse the historic Potomac Valley, the theatre of the war between the States. At Cumberland they will be offered a choice of routes, via Pittsburgh, or across the Allegheny mountains, 3,000 feet above the level of the sea and via Deer Park and Oakland, the famous summer resorts. The scenery along the Baltimore & Ohio route is the most picturesque in America. Pullman accommodations may be reserved in advance of journey. For rates and information apply to nearest B. & O. Ticket Agent, or Chas. O. Scull, General Passenger Agent, Baltimore, Md.